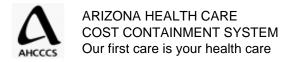
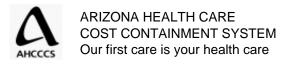


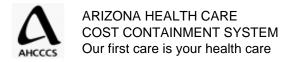
	pplicable FARS/DFARS apply.	NON FAC		
DDOO	DECODIDATION		FAC RATE	
PROC	DESCRIPTION	RATE	2009	EFF DATE
		2009		
	IMMUNIZATION ADMINISTRATION			
	(INCLUDES PERCUTANEOUS,			
90471	INTRADERMAL, SUBCUTANEOUS,	\$19.75	\$19.75	2/1/2009
	IMMUNIZATION ADMINISTRATION			
	(INCLUDES PERCUTANEOUS,			
90472	INTRADERMAL, SUBCUTANEOUS,	\$9.92	\$8.08	2/1/2009
	IMMUNIZATION ADMINISTRATION BY			
	INTRANASAL OR ORAL ROUTE; ONE			
90473	VACCINE (SINGLE OR	\$12.48	\$8.12	2/1/2009
	IMMUNIZATION ADMINISTRATION BY			
	INTRANASAL OR ORAL ROUTE;			
90474	EACH ADDITIONAL	\$8.46	\$7.01	2/1/2009
	PSYCHIATRIC DIAGNOSTIC	40110	<b>4</b> 11 <b>5</b> 1	
90801	INTERVIEW EXAMINATION	\$142.47	\$121.75	2/1/2009
	INTERACTIVE PSYCHIATRIC	Ψ112.17	Ψ121170	2/1/2000
	DIAGNOSTIC INTERVIEW			
	EXAMINATION USING PLAY			
90802	EQUIPMENT,	\$150.97	\$131.37	2/1/2009
90002	INDIVIDUAL PSYCHOTHERAPY,	\$150.97	φ131.37	2/1/2009
	· ·			
00004	INSIGHT ORIENTED, BEHAVIOR	ФСО 00	ФE 4 40	0/4/0000
90804	MODIFYING AND/OR SUPPORTIVE	\$62.80	\$54.42	2/1/2009
	INDIVIDUAL PSYCHOTHERAPY,			
	INSIGHT ORIENTED, BEHAVIOR	000.40	004.05	0/4/0000
90805	MODIFYING AND/OR	\$69.43	\$61.05	2/1/2009
	INDIVIDUAL PSYCHOTHERAPY,			
	INSIGHT ORIENTED, BEHAVIOR			
90806	MODIFYING AND/OR	\$88.92	\$83.18	2/1/2009
	INDIVIDUAL PSYCHOTHERAPY,			
	INSIGHT ORIENTED, BEHAVIOR			
90807	MODIFYING AND/OR	\$98.20	\$90.19	2/1/2009
	INDIVIDUAL PSYCHOTHERAPY,			
	INSIGHT ORIENTED, BEHAVIOR			
90808	MODIFYING AND/OR	\$131.26	\$125.18	2/1/2009
	INDIVIDUAL PSYCHOTHERAPY,			
	INSIGHT ORIENTED, BEHAVIOR			
90809	MODIFYING AND/OR	\$139.79	\$131.78	2/1/2009
	INDIVIDUAL PSYCHOTHERAPY,			
	INTERACTIVE, USING PLAY			
90810	EQUIPMENT, PHYSICAL DEVICES, L	\$66.71	\$59.44	2/1/2009
	INDIVIDUAL PSYCHOTHERAPY,			
	INTERACTIVE, USING PLAY			
90811	EQUIPMENT, PHYSICAL DEVICES,	\$76.77	\$66.07	2/1/2009



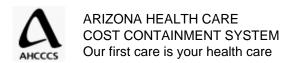
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	pplicable FARS/DFARS apply.	NON EAC		
DD00	DECODIDEION	NON FAC	FAC RATE	DATE
PROC	DESCRIPTION	RATE	2009	EFF DATE
		2009		
	INDIVIDUAL PSYCHOTHERAPY,			
	INTERACTIVE, USING PLAY			
90812	EQUIPMENT, PHYSICAL DEVICES,	\$96.63	\$87.84	2/1/2009
	INDIVIDUAL PSYCHOTHERAPY,			
	INTERACTIVE, USING PLAY			
90813	EQUIPMENT, PHYSICAL DEVICES,	\$105.92	\$95.22	2/1/2009
	INDIVIDUAL PSYCHOTHERAPY,			
	INTERACTIVE, USING PLAY			
90814	EQUIPMENT, PHYSICAL DEVICES,	\$138.23	\$130.59	2/1/2009
	INDIVIDUAL PSYCHOTHERAPY,			
	INTERACTIVE, USING PLAY			
90815	EQUIPMENT, PHYSICAL DEVICES,	\$146.77	\$136.07	2/1/2009
	INDIVIDUAL PSYCHOTHERAPY,	Ţ. i o i i	<b>4</b> 100101	
	INSIGHT ORIENTED, BEHAVIOR			
90816	MODIFYING AND/OR SUPPORTIVE	\$59.03	\$59.03	2/1/2009
00010	INDIVIDUAL PSYCHOTHERAPY,	ψου.σο	φου.σο	2/ 1/2000
	INSIGHT ORIENTED, BEHAVIOR			
90817	MODIFYING AND/OR	\$64.89	\$64.89	2/1/2009
30017	INDIVIDUAL PSYCHOTHERAPY,	ψ0-1.00	Ψ04.00	2/1/2003
	INSIGHT ORIENTED, BEHAVIOR			
90818	MODIFYING AND/OR	\$87.80	\$87.80	2/1/2009
90010	INDIVIDUAL PSYCHOTHERAPY,	φο7.00	φο7.00	2/1/2009
	INSIGHT ORIENTED, BEHAVIOR			
90819	MODIFYING AND/OR	\$94.03	\$94.03	2/1/2009
90019	INDIVIDUAL PSYCHOTHERAPY,	φ94.03	φ <del>94</del> .03	2/1/2009
	INSIGHT ORIENTED, BEHAVIOR			
90821	MODIFYING AND/OR	\$130.14	\$130.14	2/1/2000
90021	INDIVIDUAL PSYCHOTHERAPY,	\$130.14	\$130.14	2/1/2009
	,			
00000	INSIGHT ORIENTED, BEHAVIOR	¢125.00	¢425.00	2/4/2000
90822	MODIFYING AND/OR	\$135.99	\$135.99	2/1/2009
	INDIVIDUAL DOVOLOTUEDADY			
	INDIVIDUAL PSYCHOTHERAPY,			
	INTERACTIVE, USING PLAY	<b>*</b>	<b>***</b>	0/4/0000
90823	EQUIPMENT, PHYSICAL DEVICES, L	\$63.69	\$63.69	2/1/2009
	INDIVIDUAL PSYCHOTHERAPY,			
	INTERACTIVE, USING PLAY			
90824	EQUIPMENT, PHYSICAL DEVICES,	\$70.33	\$70.33	2/1/2009
	INDIVIDUAL PSYCHOTHERAPY,			
	INTERACTIVE, USING PLAY			
90826	EQUIPMENT, PHYSICAL DEVICES,	\$93.61	\$93.61	2/1/2009
	INDIVIDUAL PSYCHOTHERAPY,			
	INTERACTIVE, USING PLAY			
90827	EQUIPMENT, PHYSICAL DEVICES,	\$98.32	\$98.32	2/1/2009



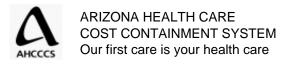
Reserved. A	Applicable FARS/DFARS apply.			
PROC	DESCRIPTION	NON FAC RATE 2009	FAC RATE 2009	EFF DATE
90828	INDIVIDUAL PSYCHOTHERAPY, INTERACTIVE, USING PLAY EQUIPMENT, PHYSICAL DEVICES,	\$135.58	\$135.58	2/1/2009
90020	INDIVIDUAL PSYCHOTHERAPY, INTERACTIVE, USING PLAY	ψ133.30	ψ133.30	2/1/2009
90829	EQUIPMENT, PHYSICAL DEVICES,	\$140.32	\$140.32	2/1/2009
90845	PSYCHOANALYSIS	\$77.70	\$75.91	2/1/2009
90846	FAMILY PSYCHOTHERAPY (WITHOUT THE PATIENT PRESENT)	\$82.48	\$81.03	2/1/2009
	FAMILY PSYCHOTHERAPY (CONJOINT PSYCHOTHERAPY)			
90847	(WITH PATIENT PRESENT)	\$102.75	\$97.31	2/1/2009
90849	MULTIPLE-FAMILY GROUP PSYCHOTHERAPY	\$30.97	\$28.06	2/1/2009
	GROUP PSYCHOTHERAPY (OTHER THAN OF A MULTIPLE-FAMILY			
90853	GROUP)	\$29.18	\$27.35	2/1/2009
90857	INTERACTIVE GROUP PSYCHOTHERAPY	\$32.83	\$29.22	2/1/2009
00000	PHARMACOLOGIC MANAGEMENT, INCLUDING PRESCRIPTION, USE,	<b>0</b> 50.54	0.40.50	0/4/0000
90862	AND REVIEW OF MEDICATION  NARCOSYNTHESIS FOR  PSYCHIATRIC DIAGNOSTIC AND THERAPEUTIC PURPOSES (EG,	\$50.54	\$42.52	2/1/2009
90865	SODIUM  ELECTROCONVULSIVE THERAPY (INCLUDES NECESSARY	\$143.15	\$125.33	2/1/2009
90870	MONITORING) INDIVIDUAL	\$133.38	\$81.05	2/1/2009
90875	PSYCHOPHYSIOLOGICAL THERAPY INCORPORATING BIOFEEDBACK TRAINING BY	\$66.71	\$54.34	2/1/2009
	INDIVIDUAL PSYCHOPHYSIOLOGICAL THERAPY INCORPORATING BIOFEEDBACK			
90876	TRAINING BY ENVIRONMENTAL INTERVENTION	\$97.42	\$85.04	2/1/2009
90882	FOR MEDICAL MANAGEMENT PURPOSES ON A PSYCHIATRIC	\$142.50	\$142.50	2/1/2009
90887	INTERPRETATION OR EXPLANATION OF RESULTS OF PSYCHIATRIC, OTHER MEDICAL	\$75.66	\$66.19	2/1/2009
50001	OTTIER WEDIONE	ψ1 3.00	ψυυ. 19	2/1/2003



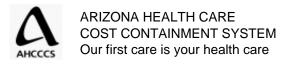
710007700. 71	ipplicable FARS/DFARS apply.	NONE		
PROC	DESCRIPTION	NON FAC RATE 2009	FAC RATE 2009	EFF DATE
	PREPARATION OF REPORT OF			
	PATIENT'S PSYCHIATRIC STATUS,			
90889	HISTORY, TREATMENT, OR	\$61.31	\$61.31	2/1/2009
	LIENARDIAL VOICE PROCEEDURE MUTIL			
00005	HEMODIALYSIS PROCEDURE WITH	<b>#</b> 00.00	<b>#</b> 00.00	0/4/0000
90935	SINGLE PHYSICIAN EVALUATION	\$63.06	\$63.06	2/1/2009
	HEMODIAL VEIS DROCEDURE			
	HEMODIALYSIS PROCEDURE REQUIRING REPEATED			
90937	EVALUATION(S) WITH OR WITHOUT	\$103.38	\$103.38	2/1/2009
90937	HEMODIALYSIS ACCESS FLOW	\$103.30	\$103.36	2/1/2009
	STUDY TO DETERMINE BLOOD			
	FLOW IN GRAFTS AND			
90940	ARTERIOVENO	BR	BR	1/1/2001
30340	DIALYSIS PROCEDURE OTHER	BIX	BIX	17 17200 1
	THAN HEMODIALYSIS (EG,			
	PERITONEAL DIALYSIS,			
90945	HEMOFILTRAT	\$66.03	\$66.03	2/1/2009
	DIALYSIS PROCEDURE OTHER	φσ.σσ	ψου.σο	
	THAN HEMODIALYSIS (EG,			
90947	PERITONEAL DIALYSIS,	\$105.58	\$105.58	2/1/2009
	End-stage renal disease (ESRD)			
	related services monthly, for patients			
90951	younger th	\$903.41	\$903.41	2/1/2009
	End-stage renal disease (ESRD)			
	related services monthly, for patients			
90952	younger th	BR	BR	1/1/2009
	End-stage renal disease (ESRD)			
	related services monthly, for patients			
90953	younger th	BR	BR	1/1/2009
	End-stage renal disease (ESRD)			
	related services monthly, for patients 2-			
90954	11 years	\$736.84	\$736.84	2/1/2009
	End-stage renal disease (ESRD)			
	related services monthly, for patients 2-	<b>0.110.55</b>	<b></b>	0/4/0355
90955	11 years	\$418.82	\$418.82	2/1/2009
	End-stage renal disease (ESRD)			
00050	related services monthly, for patients 2-	<b>#000 05</b>	<b>#000 0</b> 5	0/4/0000
90956	11 years	\$283.65	\$283.65	2/1/2009
	End-stage renal disease (ESRD)			
00057	related services monthly, for patients 12- 19 year	<b>¢</b> E02.2E	<b>¢</b> E02.2E	2/4/2000
90957	13 year	\$593.25	\$593.25	2/1/2009



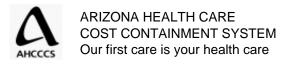
PROC	DESCRIPTION  End-stage renal disease (ESRD)	NON FAC RATE 2009	FAC RATE 2009	EFF DATE
90958	related services monthly, for patients 12- 19 year	\$400.68	\$400.68	2/1/2009
90959	End-stage renal disease (ESRD) related services monthly, for patients 12-19 year	\$262.62	\$262.62	2/1/2009
90960	End-stage renal disease (ESRD) related services monthly, for patients 20 years o	\$265.26	\$265.26	2/1/2009
90961	End-stage renal disease (ESRD) related services monthly, for patients 20 years o	\$213.67	\$213.67	2/1/2009
90962	End-stage renal disease (ESRD) related services monthly, for patients 20 years o	\$153.96	\$153.96	2/1/2009
90963	End-stage renal disease (ESRD) related services for home dialysis per full month	\$509.58	\$509.58	2/1/2009
90964	End-stage renal disease (ESRD) related services for home dialysis per full month	\$423.43	\$423.43	2/1/2009
90965	End-stage renal disease (ESRD) related services for home dialysis per full month	\$402.41	\$402.41	2/1/2009
90966	End-stage renal disease (ESRD) related services for home dialysis per full month	\$211.14	\$211.14	2/1/2009
90967	End-stage renal disease (ESRD) related services for dialysis less than a full mo	\$18.44	\$18.44	2/1/2009
90968	End-stage renal disease (ESRD) related services for dialysis less than a full mo	\$14.03	\$14.03	2/1/2009
90969	End-stage renal disease (ESRD) related services for dialysis less than a full mo	\$14.03	\$14.03	2/1/2009
90970	End-stage renal disease (ESRD) related services for dialysis less than a full mo	\$7.36	\$7.36	2/1/2009
90989	DIALYSIS TRAINING, PATIENT, INCLUDING HELPER WHERE APPLICABLE, ANY MODE,	\$475.00	\$475.00	2/1/2009



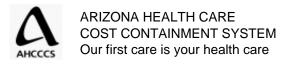
710007700. 7	pplicable FARS/DFARS apply.			
PROC	DESCRIPTION	NON FAC RATE 2009	FAC RATE 2009	EFF DATE
	DIALYSIS TRAINING, PATIENT,			
90993	INCLUDING HELPER WHERE APPLICABLE, ANY MODE, COURSE	\$19.00	\$19.00	2/1/2009
	LIEMORE DELICION (E.C. MITH			
90997	HEMOPERFUSION (EG, WITH ACTIVATED CHARCOAL OR RESIN)	\$83.55	\$83.55	2/1/2009
	UNLISTED DIALYSIS PROCEDURE,			
90999	INPATIENT OR OUTPATIENT	BR	BR	10/1/1982
	ESOPHAGEAL INTUBATION AND COLLECTION OF WASHINGS FOR			
91000	CYTOLOGY, INCLUDING PREPARA	\$69.95	\$69.95	2/1/2009
	ESOPHAGEAL MOTILITY (MANOMETRIC STUDY OF THE			
	ESOPHAGUS AND/ OR			
91010	GASTROESOPHAGEAL	\$191.97	\$191.97	2/1/2009
	ESOPHAGEAL MOTILITY (MANOMETRIC STUDY OF THE			
04044	ESOPHAGUS AND/ OR	<b>#040.04</b>	<b>CO 40 04</b>	0/4/0000
91011	GASTROESOPHAGEAL ESOPHAGEAL MOTILITY	\$246.31	\$246.31	2/1/2009
	(MANOMETRIC STUDY OF THE			
91012	ESOPHAGUS AND/ OR GASTROESOPHAGEAL	\$256.11	\$256.11	2/1/2009
	GASTRIC MOTILITY (MANOMETRIC)		·	
91020	STUDIES DUODENAL MOTILITY	\$221.56	\$221.56	2/1/2009
91022	(MANOMETRIC) STUDY	\$188.50	\$188.50	2/1/2009
	ESOPHAGUS, ACID PERFUSION (BERNSTEIN) TEST FOR			
91030	ESOPHAGITIS	\$128.92	\$128.92	2/1/2009
	ESOPHAGUS, GASTROESOPHAGEAL REFLUX			
	TEST; WITH NASAL CATHETER PH			
91034	ELECTRODE(S)	\$206.28	\$206.28	2/1/2009
	ESOPHAGUS, GASTROESOPHAGEAL REFLUX			
04025	TEST; WITH MUCOSAL ATTACHED	¢450.74	¢450.74	2/4/2000
91035	TELEMETRY PH ESOPHAGEAL FUNCTION TEST,	\$459.71	\$459.71	2/1/2009
04007	GASTROESOPHAGEAL REFLUX	<b>0450 40</b>	<b>6450.40</b>	0/4/0000
91037	TEST WITH NASAL CATHETER	\$152.13	\$152.13	2/1/2009



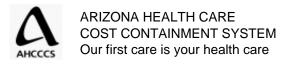
	pplicable FARS/DFARS apply.			
		NON FAC	FAC RATE	
PROC	DESCRIPTION	RATE	_	EFF DATE
		2009	2009	
	ECODUA OF AL FUNCTION TECT	2003		
	ESOPHAGEAL FUNCTION TEST,			
	GASTROESOPHAGEAL REFLUX			
91038	TEST WITH NASAL CATHETER	\$131.89	\$131.89	2/1/2009
	ESOPHAGEAL BALLOON			
91040	DISTENSION PROVOCATION STUDY	\$378.54	\$378.54	2/1/2009
01010	GASTRIC ANALYSIS TEST WITH	φονο.στ	φονο.στ	2/1/2000
	INJECTION OF STIMULANT OF	<b>*</b>	<b>.</b>	- / / /
91052	GASTRIC SECRETION (EG,	\$125.22	\$125.22	2/1/2009
	GASTRIC INTUBATION, WASHINGS,			
	AND PREPARING SLIDES FOR			
91055	CYTOLOGY (SEPARATE	\$133.68	\$133.68	2/1/2009
01000	BREATH HYDROGEN TEST (EG, FOR	Ψ100.00	Ψ100.00	2/1/2000
	, ,			
	DETECTION OF LACTASE			_ , , ,
91065	DEFICIENCY), FRUCTOSE	\$58.62	\$58.62	2/1/2009
	GASTRIC INTUBATION, AND			
	ASPIRATION OR LAVAGE FOR			
91105	TREATMENT (EG, FOR INGESTED	\$82.02	\$16.25	2/1/2009
	GASTROINTESTINAL TRACT	*	•	
	IMAGING, INTRALUMINAL (EG,			
04440	CAPSULE ENDOSCOPY),	<b>*</b>	<b>***</b>	0/4/0000
91110	ESOPHAGUS	\$903.53	\$903.53	2/1/2009
	RECTAL SENSATION, TONE, AND			
	COMPLIANCE TEST (IE, RESPONSE			
91120	TO GRADED BALLOON	\$396.68	\$396.68	2/1/2009
91122	ANORECTAL MANOMETRY	\$236.25	\$236.25	2/1/2009
01122	PULSED IRRIGATION OF FECAL	Ψ200.20	Ψ200.20	2/1/2000
91123	IMPACTION	BR	BR	1/1/2002
91123	IIVII AOTION	DIV	DI	1/1/2002
	EL EGERGO A GERGO A BUNA			
	ELECTROGASTROGRAPHY,			
91132	DIAGNOSTIC, TRANSCUTANEOUS;	BR	BR	1/1/2001
	ELECTROGASTROGRAPHY,			
	DIAGNOSTIC, TRANSCUTANEOUS;			
91133	WITH PROVOCATIVE TESTING	BR	BR	1/1/2001
0.100		ы	DIX	1/1/2001
	LINILISTED DIACNOSTIC			
	UNLISTED DIAGNOSTIC			40///
91299	GASTROENTEROLOGY PROCEDURE	BR	BR	10/1/1982
	OTOLARYNGOLOGIC EXAMINATION			
92502	UNDER GENERAL ANESTHESIA	\$88.03	\$88.03	2/1/2009
32302	DIADER GENERAL AMESTIESIA	φοο.υ3	φοο.υ3	2/1/2009



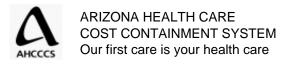
Reserved. A	Applicable FARS/DFARS apply.			
PROC	DESCRIPTION	NON FAC RATE 2009	FAC RATE 2009	EFF DATE
	BINOCULAR MICROSCOPY			
	(SEPARATE DIAGNOSTIC			- / / /
92504	PROCEDURE)	\$26.32	\$8.87	2/1/2009
	NASOPHARYNGOSCOPY WITH ENDOSCOPE (SEPARATE			
92511	PROCEDURE)	\$145.64	¢54.70	2/1/2000
92311	NASAL FUNCTION STUDIES (EG,	φ145.04	\$54.79	2/1/2009
92512	RHINOMANOMETRY)	\$57.47	\$25.12	2/1/2009
	FACIAL NEDVE FUNCTION OTUDIES			
00540	FACIAL NERVE FUNCTION STUDIES (EG, ELECTRONEURONOGRAPHY)	Ф <b>Г</b> О 47	<b>ФО4.0</b> Г	2/4/2000
92516		\$58.47	\$21.05	2/1/2009
	LARYNGEAL FUNCTION STUDIES (IE, AERODYNAMIC TESTING AND			
92520	ACOUSTIC TESTING)	\$51.80	\$36.90	2/1/2009
52520	TREATMENT OF SWALLOWING	ψο1.00	φοσ.σσ	2/1/2003
	DYSFUNCTION AND/OR ORAL			
92526	FUNCTION FOR FEEDING	\$79.27	\$25.12	2/1/2009
	SPONTANEOUS NYSTAGMUS,	·		
92531	INCLUDING GAZE	\$15.49	\$15.49	2/1/2009
92532	POSITIONAL NYSTAGMUS TEST	\$19.00	\$19.00	2/1/2009
	CALORIC VESTIBULAR TEST, EACH IRRIGATION (BINAURAL, BITHERMAL			
92533	STIMULATION	\$12.57	\$12.57	2/1/2009
92534	OPTOKINETIC NYSTAGMUS TEST	\$58.71	\$58.71	2/1/2009
92541	SPONTANEOUS NYSTAGMUS TEST, INCLUDING GAZE AND FIXATION NYSTAGMUS, WITH RECORDIN	\$54.04	\$54.04	2/1/2009
32341	POSITIONAL NYSTAGMUS TEST,	ψ54.04	Ψ04.04	2/1/2003
	MINIMUM OF 4 POSITIONS, WITH			
92542	RECORDING	\$56.20	\$56.20	2/1/2009
	CALORIC VESTIBULAR TEST, EACH	·		
	IRRIGATION (BINAURAL, BITHERMAL			
92543	STIMULATION	\$26.20	\$26.20	2/1/2009
	OPTOKINETIC NYSTAGMUS TEST,			
	BIDIRECTIONAL, FOVEAL OR			
92544	PERIPHERAL STIMULATION,	\$44.87	\$44.87	2/1/2009
92545	OSCILLATING TRACKING TEST, WITH RECORDING	\$41.22	\$41.22	2/1/2009
	SINUSOIDAL VERTICAL AXIS			
92546	ROTATIONAL TESTING	\$79.79	\$79.79	2/1/2009
	USE OF VERTICAL ELECTRODES			
	(LIST SEPARATELY IN ADDITION TO			
92547	CODE FOR PRIMARY	\$5.37	\$5.37	2/1/2009



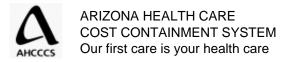
	рріїсавіе РАКЗ/ДРАКЗ арріу.	NON FAC	FAC RATE	
PROC	DESCRIPTION	2009	2009	EFF DATE
92548	COMPUTERIZED DYNAMIC POSTUROGRAPHY	\$93.58	\$93.58	2/1/2009
	EVALUATION OF ORAL AND PHARYNGEAL SWALLOWING			
92610	FUNCTION	\$96.19	\$96.19	2/1/2009
	MOTION FLUOROSCOPIC EVALUATION OF SWALLOWING FUNCTION BY CINE OR VIDEO			
92611	RECORDING FLEXIBLE FIBEROPTIC	\$100.55	\$100.55	2/1/2009
92612	ENDOSCOPIC EVALUATION OF SWALLOWING BY CINE OR VIDEO	\$147.06	\$62.76	2/1/2009
92613	FLEXIBLE FIBEROPTIC ENDOSCOPIC EVALUATION OF SWALLOWING BY CINE OR VIDEO	\$36.86	\$36.49	2/1/2009
92614	FLEXIBLE FIBEROPTIC ENDOSCOPIC EVALUATION, LARYNGEAL SENSORY TESTING BY CINE OR	\$132.53	\$62.76	2/1/2009
	FLEXIBLE FIBEROPTIC ENDOSCOPIC EVALUATION, LARYNGEAL SENSORY TESTING BY	<b>V</b>	¥32.0	2200
92615	CINE OR	\$32.42	\$32.42	2/1/2009
92616	FLEXIBLE FIBEROPTIC ENDOSCOPIC EVALUATION OF SWALLOWING AND LARYNGEAL SENSORY	\$183.13	\$93.02	2/1/2009
32010	FLEXIBLE FIBEROPTIC ENDOSCOPIC EVALUATION OF SWALLOWING AND LARYNGEAL	ψ103.13	ψ93.02	2/1/2003
92617	SENSORY	\$40.55	\$40.55	2/1/2009
92700	UNLISTED OTORHINOLARYNGOLOGICAL SERVICE OR PROCEDURE	BR	BR	1/1/2003
	CARDIOPULMONARY RESUSCITATION (EG, IN CARDIAC			
92950	ARREST) TEMPORARY TRANSCUTANEOUS	\$269.41	\$165.84	2/1/2009
92953	PACING	\$10.70	\$10.70	2/1/2009
92960	CARDIOVERSION, ELECTIVE, ELECTRICAL CONVERSION OF ARRHYTHMIA; EXTERNAL	\$270.27	\$123.84	2/1/2009



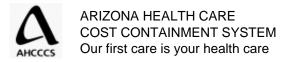
Reserved. A	Applicable FARS/DFARS apply.			
PROC	DESCRIPTION	NON FAC RATE 2009	FAC RATE 2009	EFF DATE
	CARDIOVERSION, ELECTIVE,			
	ELECTRICAL CONVERSION OF			- / - /
92961	ARRHYTHMIA; INTERNAL	\$242.80	\$242.80	2/1/2009
92970	CARDIOASSIST-METHOD OF CIRCULATORY ASSIST; INTERNAL	\$166.52	\$166.52	2/1/2009
	CARDIOASSIST-METHOD OF		4	- 4. 4
92971	CIRCULATORY ASSIST; EXTERNAL	\$95.48	\$95.48	2/1/2009
92973	PERCUTANEOUS TRANSLUMINAL CORONARY THROMBECTOMY (LIST SEPARATELY IN ADDITION TO	\$170.95	\$170.95	2/1/2009
02010	TRANSCATHETER PLACEMENT OF	ψ170.00	ψ17 0.00	2/ 1/2000
	RADIATION DELIVERY DEVICE FOR			
92974	SUBSEQUENT CORONARY	\$156.60	\$156.60	2/1/2009
	THROMBOLYSIS, CORONARY; BY INTRACORONARY INFUSION,			
92975	INCLUDING SELECTIVE CORONARY	\$376.22	\$376.22	2/1/2009
	THROMBOLYSIS, CORONARY; BY			
92977	INTRAVENOUS INFUSION	\$193.72	\$193.72	2/1/2009
	INTRAVASCULAR ULTRASOUND (CORONARY VESSEL OR GRAFT)			
92978	DURING DIAGNOSTIC	\$264.93	\$264.93	2/1/2009
32370	INTRAVASCULAR ULTRASOUND	Ψ204.55	Ψ204.50	2/1/2003
	(CORONARY VESSEL OR GRAFT)			
92979	DURING DIAGNOSTIC	\$161.30	\$161.30	2/1/2009
92980	TRANSCATHETER PLACEMENT OF AN INTRACORONARY STENT(S), PERCUTANEOUS, WITH OR	\$779.91	\$779.91	2/1/2009
22000	20 <b>2</b>	ψ// 0.01	ψ. 70.01	2,1,2000
92981	TRANSCATHETER PLACEMENT OF AN INTRACORONARY STENT(S), PERCUTANEOUS, WITH OR	\$216.64	\$216.64	2/1/2009
	PERCUTANEOUS TRANSLUMINAL	<del>+</del> 2.0.01	+=.0.01	_, ., _ 500
	CORONARY BALLOON			
92982	ANGIOPLASTY; SINGLE VESSEL	\$578.36	\$578.36	2/1/2009
	PERCUTANEOUS TRANSLUMINAL CORONARY BALLOON ANGIOPLASTY; EACH ADDITIONAL			
92984	VESSEL	\$154.74	\$154.74	2/1/2009
92986	PERCUTANEOUS BALLOON VALVULOPLASTY; AORTIC VALVE	\$1,291.49	\$1,291.49	2/1/2009



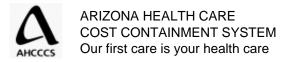
Reserved. A	Applicable FARS/DFARS apply.			
PROC	DESCRIPTION	NON FAC RATE 2009	FAC RATE 2009	EFF DATE
92987	PERCUTANEOUS BALLOON VALVULOPLASTY; MITRAL VALVE	\$1,338.15	\$1,338.15	2/1/2009
92990	PERCUTANEOUS BALLOON VALVULOPLASTY; PULMONARY VALVE	\$1,020.74	\$1,020.74	2/1/2009
	ATRIAL SEPTECTOMY OR SEPTOSTOMY; TRANSVENOUS			
92992	METHOD, BALLOON (EG, RASHKIND ATRIAL SEPTECTOMY OR SEPTOSTOMY; BLADE METHOD	BR	BR	1/1/1994
92993	(PARK SEPTOSTOMY) (INCLUDES	BR	BR	1/1/1994
92995	PERCUTANEOUS TRANSLUMINAL CORONARY ATHERECTOMY, BY MECHANICAL OR OTHER METHOD,	\$636.21	\$636.21	2/1/2009
	PERCUTANEOUS TRANSLUMINAL CORONARY ATHERECTOMY, BY			
92996	MECHANICAL OR OTHER METHOD, PERCUTANEOUS TRANSLUMINAL PULMONARY ARTERY BALLOON	\$165.32	\$165.32	2/1/2009
92997	PERCUTANEOUS TRANSLUMINAL PULMONARY ARTERY BALLOON	\$596.81	\$596.81	2/1/2009
92998	ANGIOPLASTY; EACH ADDITIONAL	\$300.65	\$300.65	2/1/2009
93000	ELECTROCARDIOGRAM, ROUTINE ECG WITH AT LEAST 12 LEADS; WITH INTERPRETATION AND R	\$21.92	\$21.92	2/1/2009
93005	ELECTROCARDIOGRAM, ROUTINE ECG WITH AT LEAST 12 LEADS; TRACING ONLY, WITHOUT	\$13.78	\$13.78	2/1/2009
93010	ELECTROCARDIOGRAM, ROUTINE ECG WITH AT LEAST 12 LEADS; INTERPRETATION AND	\$8.12	\$8.12	2/1/2009
93012	TELEPHONIC TRANSMISSION OF POST-SYMPTOM ELECTROCARDIOGRAM RHYTHM STRIP(S),	\$191.23	\$191.23	2/1/2009
93014	TELEPHONIC TRANSMISSION OF POST-SYMPTOM ELECTROCARDIOGRAM RHYTHM STRIP(S),	\$25.45	\$25.45	2/1/2009
JJU 1 <del> 1</del>	O 1 1 1 1 (O),	ψ <b>∠</b> υ. <del>1</del> υ	ψ∠J. <del>4</del> J	2/1/2008



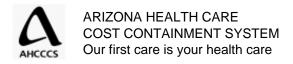
710007700. 71	ipplicable FARS/DFARS apply.	NONE		
PROC	DESCRIPTION	NON FAC RATE 2009	FAC RATE 2009	EFF DATE
	CARDIOVASCULAR STRESS TEST USING MAXIMAL OR SUBMAXIMAL			
93015	TREADMILL OR BICYCLE	\$99.99	\$99.99	2/1/2009
	CARDIOVASCULAR STRESS TEST			
93016	USING MAXIMAL OR SUBMAXIMAL TREADMILL OR BICYCLE	\$22.89	\$22.89	2/1/2009
93017	CARDIOVASCULAR STRESS TEST USING MAXIMAL OR SUBMAXIMAL TREADMILL OR BICYCLE	\$62.35	\$62.35	2/1/2009
93017	CARDIOVASCULAR STRESS TEST	ֆ02.33	φ02.33	2/1/2009
93018	USING MAXIMAL OR SUBMAXIMAL TREADMILL OR BICYCLE	\$14.75	\$14.75	2/1/2009
93024	ERGONOVINE PROVOCATION TEST	\$114.52	\$114.52	2/1/2009
93025	MICROVOLT T-WAVE ALTERNANS FOR ASSESSMENT OF VENTRICULAR ARRHYTHMIAS	\$239.15	\$239.15	2/1/2009
93025	RHYTHM ECG, ONE TO THREE	\$239.15	\$239.15	2/1/2009
93040	LEADS; WITH INTERPRETATION AND REPORT	\$13.20	\$13.20	2/1/2009
93041	RHYTHM ECG, ONE TO THREE LEADS; TRACING ONLY WITHOUT INTERPRETATION AND REPORT	\$5.81	\$5.81	2/1/2009
	RHYTHM ECG, ONE TO THREE LEADS; INTERPRETATION AND		·	2/1/2009
93042	REPORT ONLY	\$7.38	\$7.38	2/1/2009
	WEARABLE ELECTROCARDIOGRAPHIC RHYTHM DERIVED MONITORING FOR 24			
93224	HOURS BY CONTINUO WEARABI F	\$133.42	\$133.42	2/1/2009
	ELECTROCARDIOGRAPHIC RHYTHM DERIVED MONITORING FOR 24			
93225	HOURS BY CONTINUO	\$40.95	\$40.95	2/1/2009
00000	WEARABLE ELECTROCARDIOGRAPHIC RHYTHM DERIVED MONITORING FOR 24	<b>#</b> 00.20	<b>#</b> 00.20	2/4/2000
93226	HOURS BY CONTINUO WEARABLE	\$66.30	\$66.30	2/1/2009
	ELECTROCARDIOGRAPHIC RHYTHM DERIVED MONITORING FOR 24			
93227	HOURS BY CONTINUO	\$26.20	\$26.20	2/1/2009



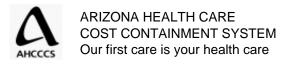
1.0001104. 7	pplicable FARS/DFARS apply.	NON EAC		
PROC	DESCRIPTION	NON FAC RATE 2009	FAC RATE 2009	EFF DATE
	Wearable mobile cardiovascular telemetry with electrocardiographic			
93228	recording, co	\$24.02	\$24.02	2/1/2009
	Wearable mobile cardiovascular			
93229	telemetry with electrocardiographic recording, co	BR	BR	1/1/2000
93229		BR	BR	1/1/2009
93230	WEARABLE ELECTROCARDIOGRAPHIC RHYTHM DERIVED MONITORING FOR 24 HOURS BY CONTINUO	\$138.86	\$138.86	2/1/2009
00200	WEARABLE	ψ100.00	ψ100.00	27 172000
93231	ELECTROCARDIOGRAPHIC RHYTHM DERIVED MONITORING FOR 24 HOURS BY CONTINUO	\$44.54	\$44.54	2/1/2009
93232	WEARABLE ELECTROCARDIOGRAPHIC RHYTHM DERIVED MONITORING FOR 24 HOURS BY CONTINUO	\$68.84	\$68.84	2/1/2009
93233	WEARABLE ELECTROCARDIOGRAPHIC RHYTHM DERIVED MONITORING FOR 24 HOURS BY CONTINUO	\$25.45	\$25.45	2/1/2009
93235	WEARABLE ELECTROCARDIOGRAPHIC RHYTHM DERIVED MONITORING FOR 24 HOURS BY CONTINUO	\$122.00	\$122.00	2/1/2009
93236	WEARABLE ELECTROCARDIOGRAPHIC RHYTHM DERIVED MONITORING FOR 24 HOURS BY CONTINUO	\$99.31	\$99.31	2/1/2009
93237	WEARABLE ELECTROCARDIOGRAPHIC RHYTHM DERIVED MONITORING FOR 24 HOURS BY CONTINUO	\$22.51	\$22.51	2/1/2009
93268	WEARABLE PATIENT ACTIVATED ELECTROCARDIOGRAPHIC RHYTHM DERIVED EVENT RECORDING W	\$267.10	\$267.10	2/1/2009
93270	WEARABLE PATIENT ACTIVATED ELECTROCARDIOGRAPHIC RHYTHM DERIVED EVENT RECORDING W	\$30.41	\$30.41	2/1/2009



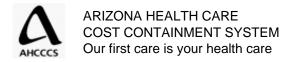
	Reserved. Applicable FARS/DFARS apply.				
PROC	DESCRIPTION	NON FAC RATE 2009	FAC RATE 2009	EFF DATE	
93271	WEARABLE PATIENT ACTIVATED ELECTROCARDIOGRAPHIC RHYTHM DERIVED EVENT RECORDING W	\$211.57	\$211.57	2/1/2009	
93272	WEARABLE PATIENT ACTIVATED ELECTROCARDIOGRAPHIC RHYTHM DERIVED EVENT RECORDING W	\$25.12	\$25.12	2/1/2009	
93278	SIGNAL-AVERAGED ELECTROCARDIOGRAPHY (SAECG), WITH OR WITHOUT ECG	\$46.18	\$46.18	2/1/2009	
93279	Programming device evaluation with iterative adjustment of the implantable devic	\$53.86	\$53.86	2/1/2009	
93280	Programming device evaluation with iterative adjustment of the implantable devic  Programming device evaluation with	\$63.78	\$63.78	2/1/2009	
93281	iterative adjustment of the implantable devic  Programming device evaluation with	\$74.41	\$74.41	2/1/2009	
93282	iterative adjustment of the implantable devic  Programming device evaluation with	\$68.91	\$68.91	2/1/2009	
93283	iterative adjustment of the implantable devic  Programming device evaluation with	\$83.59	\$83.59	2/1/2009	
93284	iterative adjustment of the implantable devic  Programming device evaluation with	\$97.93	\$97.93	2/1/2009	
93285	iterative adjustment of the implantable devic  Peri-procedural device evaluation and	\$46.85	\$46.85	2/1/2009	
93286	programming of device system parameters be	\$26.34	\$26.34	2/1/2009	
93287	Peri-procedural device evaluation and programming of device system parameters be	\$34.82	\$34.82	2/1/2009	
93288	Interrogation device evaluation (in person) with physician analysis, review and	\$42.07	\$42.07	2/1/2009	
93289	Interrogation device evaluation (in person) with physician analysis, review and	\$64.16	\$64.16	2/1/2009	



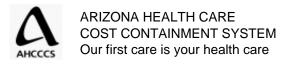
7.0007.7007.71	pplicable FARS/DFARS apply.	NONEAG		
PROC	DESCRIPTION	NON FAC RATE 2009	FAC RATE 2009	EFF DATE
93290	Interrogation device evaluation (in person) with physician analysis, review and	\$30.79	\$30.79	2/1/2009
93291	Interrogation device evaluation (in person) with physician analysis, review and	\$40.25	\$40.25	2/1/2009
93292	Interrogation device evaluation (in person) with physician analysis, review and	\$36.25	\$36.25	2/1/2009
93293	Transtelephonic rhythm strip pacemaker evaluation(s) single, dual, or multiple I	\$58.94	\$58.94	2/1/2009
93294	Interrogation device evaluation(s) (remote), up to 90 days; single, dual, or mul	\$34.65	\$34.65	2/1/2009
93295	Interrogation device evaluation(s) (remote), up to 90 days; single, dual, or mul	\$62.67	\$62.67	2/1/2009
93296	Interrogation device evaluation(s) (remote), up to 90 days; single, dual, or mul	\$36.69	\$36.69	2/1/2009
93297	Interrogation device evaluation(s), (remote) up to 30 days: implantable cardiova	\$24.02	\$24.02	2/1/2009
93298	Interrogation device evaluation(s), (remote) up to 30 days: implantable loop rec	\$28.02	\$28.02	2/1/2009
93299	Interrogation device evaluation(s), (remote) up to 30 days: implantable cardiova	BR	BR	1/1/2009
	TRANSTHORACIC ECHOCARDIOGRAPHY FOR CONGENIAL CARDIAC ANOMALIES;			
93303	COMPLETE TRANSTHORACIC ECHOCARDIOGRAPHY FOR	\$212.13	\$212.13	2/1/2009
93304	CONGENITAL CARDIAC ANOMALIES; FOLLOW-UP OR Echocardiography, transthoracic real-	\$126.86	\$126.86	2/1/2009
93306	time with image documentation (2D), includi	\$264.33	\$264.33	2/1/2009



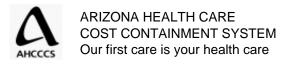
	pplicable FARS/DFARS apply.			
PROC	DESCRIPTION	NON FAC RATE 2009	FAC RATE 2009	EFF DATE
93307	ECHOCARDIOGRAPHY, TRANSTHORACIC, REAL-TIME WITH IMAGE DOCUMENTATION (2D), INCLUD	\$183.51	\$183.51	2/1/2009
93308	ECHOCARDIOGRAPHY, TRANSTHORACIC, REAL-TIME WITH IMAGE DOCUMENTATION (2D), INCLUD	\$109.23	\$109.23	2/1/2009
	ECHOCARDIOGRAPHY, TRANSESOPHAGEAL, REAL TIME			
93312	WITH IMAGE DOCUMENTATION (2D)  ECHOCARDIOGRAPHY, TRANSESOPHAGEAL, REAL TIME	\$302.51	\$302.51	2/1/2009
93313	WITH IMAGE DOCUMENTATION (2D)  ECHOCARDIOGRAPHY,  TRANSESOPHAGEAL, REAL TIME WITH IMAGE DOCUMENTATION (2D)	\$39.58	\$39.58	2/1/2009
93314	TRANSESOPHAGEAL ECHOCARDIOGRAPHY FOR CONGENITAL CARDIAC ANOMALIES; INCLUDING	\$260.73 \$290.41	\$260.73 \$290.41	2/1/2009
93316	TRANSESOPHAGEAL ECHOCARDIOGRAPHY FOR CONGENITAL CARDIAC ANOMALIES; PLACEMENT OF	\$42.15	\$42.15	2/1/2009
93317	TRANSESOPHAGEAL ECHOCARDIOGRAPHY FOR CONGENITAL CARDIAC ANOMALIES; IMAGE	\$240.33	\$240.33	2/1/2009
93318	ECHOCARDIOGRAPHY, TRANSESOPHAGEAL (TEE) FOR MONITORING PURPOSES, INCLUDING	BR	BR	1/1/2001
93320	DOPPLER ECHOCARDIOGRAPHY, PULSED WAVE AND/OR CONTINUOUS WAVE WITH SPECTRAL	\$81.13	\$81.13	2/1/2009
93321	DOPPLER ECHOCARDIOGRAPHY, PULSED WAVE AND/OR CONTINUOUS WAVE WITH SPECTRAL	\$40.33	\$40.33	2/1/2009



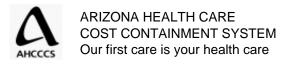
Reserved. A	Applicable FARS/DFARS apply.			
PROC	DESCRIPTION	NON FAC RATE 2009	FAC RATE 2009	EFF DATE
93325	DOPPLER ECHOCARDIOGRAPHY COLOR FLOW VELOCITY MAPPING (LIST SEPARATELY IN	\$75.32	\$75.32	2/1/2009
	ECHOCARDIOGRAPHY, TRANSTHORACIC, REAL-TIME WITH IMAGE DOCUMENTATION (2D),		•	
93350	INCLUD  Echocardiography, transthoracic, real- time with image documentation (2D),	\$189.54	\$189.54	2/1/2009
93351	with o Use of echocardiographic contrast	\$272.38	\$272.38	2/1/2009
93352	agent during stress echocardiography (List sep	\$38.26	\$38.26	2/1/2009
93501	RIGHT HEART CATHETERIZATION INSERTION AND PLACEMENT OF FLOW DIRECTED CATHETER (EG,	\$814.20	\$814.20	2/1/2009
93503	SWAN-GANZ) FOR	\$102.37	\$102.37	2/1/2009
93505	ENDOMYOCARDIAL BIOPSY	\$606.09	\$606.09	2/1/2009
93508	CATHETER PLACEMENT IN CORONARY ARTERY(S), ARTERIAL CORONARY CONDUIT(S), AND/OR V	\$960.55	\$960.55	2/1/2009
	LEFT HEART CATHETERIZATION, RETROGRADE, FROM THE BRACHIAL ARTERY, AXILLARY			
93510	ARTER	\$1,458.30	\$1,458.30	2/1/2009
93511	LEFT HEART CATHETERIZATION, RETROGRADE, FROM THE BRACHIAL ARTERY, AXILLARY ARTER	\$1,656.14	\$1,656.14	2/1/2009
93514	LEFT HEART CATHETERIZATION BY LEFT VENTRICULAR PUNCTURE	\$1,754.99	\$1,754.99	2/1/2009
93524	COMBINED TRANSSEPTAL AND RETROGRADE LEFT HEART CATHETERIZATION	\$2,179.02	\$2,179.02	2/1/2009
93526	COMBINED RIGHT HEART CATHETERIZATION AND RETROGRADE LEFT HEART CATHETERIZATION	\$1,883.57	\$1,883.57	2/1/2009
	COMBINED RIGHT HEART CATHETERIZATION AND TRANSSEPTAL LEFT HEART	ψ1,000.07	ψ1,000.07	2/1/2009
93527	CATHETERIZATION	\$2,197.07	\$2,197.07	2/1/2009



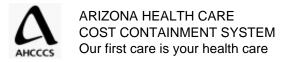
	pplicable FARS/DFARS apply.			
PROC	DESCRIPTION	NON FAC RATE 2009	FAC RATE 2009	EFF DATE
93528	COMBINED RIGHT HEART CATHETERIZATION WITH LEFT VENTRICULAR PUNCTURE (WITH OR WIT	\$2,288.94	\$2,288.94	2/1/2009
93320		Ψ2,200.94	Ψ2,200.94	2/1/2009
93529	COMBINED RIGHT HEART CATHETERIZATION AND LEFT HEART CATHETERIZATION THROUGH EXIS	\$2,063.70	\$2,063.70	2/1/2009
33323	RIGHT HEART CATHETERIZATION,	Ψ2,003.70	Ψ2,003.70	2/1/2003
93530	FOR CONGENITAL CARDIAC ANOMALIES	\$878.15	\$878.15	2/1/2009
93531	COMBINED RIGHT HEART CATHETERIZATION AND RETROGRADE LEFT HEART CATHETERIZATION,	\$2,297.46	\$2,297.46	2/1/2009
	COMBINED RIGHT HEART	Ψ2,201.40	Ψ2,201.40	2/1/2009
93532	CATHETERIZATION AND TRANSSEPTAL LEFT HEART CATHETERIZATION	\$2,349.90	\$2,349.90	2/1/2009
93533	COMBINED RIGHT HEART CATHETERIZATION AND TRANSSEPTAL LEFT HEART CATHETERIZATION	\$2,145.53	\$2,145.53	2/1/2009
93539	INJECTION PROCEDURE DURING CARDIAC CATHETERIZATION; FOR SELECTIVE OPACIFICATION	\$61.01	\$20.31	2/1/2009
93540	INJECTION PROCEDURE DURING CARDIAC CATHETERIZATION; FOR SELECTIVE OPACIFICATION	\$174.04	\$21.76	2/1/2009
93541	INJECTION PROCEDURE DURING CARDIAC CATHETERIZATION; FOR PULMONARY ANGIOGRAPHY	\$14.75	\$14.75	2/1/2009
93542	INJECTION PROCEDURE DURING CARDIAC CATHETERIZATION; FOR SELECTIVE RIGHT VENTRICU	\$106.32	\$14.75	2/1/2009
93543	INJECTION PROCEDURE DURING CARDIAC CATHETERIZATION; FOR SELECTIVE LEFT VENTRICUL	\$59.81	\$14.75	2/1/2009
93544	INJECTION PROCEDURE DURING CARDIAC CATHETERIZATION; FOR AORTOGRAPHY	\$43.79	\$12.89	2/1/2009
93545	INJECTION PROCEDURE DURING CARDIAC CATHETERIZATION; FOR SELECTIVE CORONARY	\$122.76	\$20.31	2/1/2009



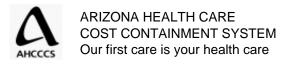
Reserved. Applicable FARS/DFARS apply.				
		NON FAC	FAC RATE	
PROC	DESCRIPTION	RATE		EFF DATE
		2009	2009	
	IMAGING SUPERVISION,	2000		
	INTERPRETATION AND REPORT			
	_	<b>*</b> 400.00	<b>0.100.00</b>	0/4/0000
93555	FOR INJECTION PROCEDURE(S)	\$169.83	\$169.83	2/1/2009
	IMAGING SUPERVISION,			
	INTERPRETATION AND REPORT			
93556	FOR INJECTION PROCEDURE(S)	\$247.72	\$247.72	2/1/2009
	INDICATOR DILUTION STUDIES			
	SUCH AS DYE OR THERMAL			
93561	DILUTION, INCLUDING ARTERIAL	\$45.36	\$45.36	2/1/2009
	INDICATOR DILUTION STUDIES	ψ.0.00	ψ.σ.σσ	2/ 1/2000
	SUCH AS DYE OR THERMAL			
00500		<b>#</b> 20.00	<b>#</b> 00.00	0/4/0000
93562	DILUTION, INCLUDING ARTERIAL	\$20.90	\$20.90	2/1/2009
	INTRAVASCULAR DOPPLER			
	VELOCITY AND/OR PRESSURE			
	DERIVED CORONARY FLOW			
93571	RESERVE	\$263.85	\$263.85	2/1/2009
	INTRAVASCULAR DOPPLER			
	VELOCITY AND/OR PRESSURE			
	DERIVED CORONARY FLOW			
93572	RESERVE	\$157.12	\$157.12	2/1/2009
33372	INCOCK VE	Ψ137.12	Ψ137.12	2/1/2003
	PERCUTANEOUS TRANSCATHETER			
	CLOSURE OF CONGENITAL			
93580	INTERATRIAL COMMUNICATION (IE,	\$938.41	\$938.41	2/1/2009
	PERCUTANEOUS TRANSCATHETER			
	CLOSURE OF A CONGENITAL			
93581	VENTRICULAR SEPTAL DEFECT	\$1,241.33	\$1,241.33	2/1/2009
93600	BUNDLE OF HIS RECORDING	\$187.13	\$187.13	2/1/2009
93602	INTRA-ATRIAL RECORDING	\$154.49	\$154.49	2/1/2009
93002	INTO CATALOG REGORDING	\$154.45	\$104.45	2/1/2009
00000	DICUT VENTOICH AD DECORDING	<b>0470 40</b>	<b>0470 40</b>	0/4/0000
93603	RIGHT VENTRICULAR RECORDING	\$176.42	\$176.42	2/1/2009
	INTRAVENTRICULAR AND/OR INTRA-			
	ATRIAL MAPPING OF TACHYCARDIA			
93609	SITE(S) WITH	\$367.17	\$367.17	2/1/2009
93610	INTRA-ATRIAL PACING	\$211.46	\$211.46	2/1/2009
93612	INTRAVENTRICULAR PACING	\$221.51	\$221.51	2/1/2009
	INTRACARDIAC	•		
	ELECTROPHYSIOLOGIC 3-			
	DIMENSIONAL MAPPING (LIST			
02642	· ·	<b>#204.00</b>	<b>#204.00</b>	0/4/0000
93613	SEPARATELY IN	\$364.03	\$364.03	2/1/2009
	ESOPHAGEAL RECORDING OF			
	ATRIAL ELECTROGRAM WITH OR	_		
93615	WITHOUT VENTRICULAR	\$58.63	\$58.63	2/1/2009



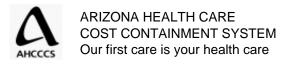
	pplicable FARS/DFARS apply.	NONE		
		NON FAC	FAC RATE	
PROC	DESCRIPTION	RATE	2009	EFF DATE
		2009	2009	
	ESOPHAGEAL RECORDING OF			
	ATRIAL ELECTROGRAM WITH OR			
93616	WITHOUT VENTRICULAR	\$84.60	\$84.60	2/1/2009
	INDUCTION OF ARRHYTHMIA BY	ψοσσ	ψοσσ	
93618	ELECTRICAL PACING	\$375.22	\$375.22	2/1/2009
93010		ψ313.22	ψ313.22	2/1/2009
	COMPREHENSIVE			
	ELECTROPHYSIOLOGIC			
	EVALUATION WITH RIGHT ATRIAL			
93619	PACING AND RECORDI	\$690.55	\$690.55	2/1/2009
	COMPREHENSIVE			
	ELECTROPHYSIOLOGIC			
	<b>EVALUATION INCLUDING INSERTION</b>			
93620	AND REPOSITIONIN	\$1,067.13	\$1,067.13	2/1/2009
	COMPREHENSIVE	. ,	. ,	
	ELECTROPHYSIOLOGIC			
	EVALUATION INCLUDING INSERTION			
93621	AND	\$825.47	\$825.47	2/1/2009
33021		Ψ020.47	Ψ023.47	2/1/2003
	COMPREHENSIVE			
	ELECTROPHYSIOLOGIC			
	EVALUATION INCLUDING INSERTION			
93622	AND	\$827.15	\$827.15	2/1/2009
	PROGRAMMED STIMULATION AND			
	PACING AFTER INTRAVENOUS			
93623	DRUG INFUSION (LIST	\$179.44	\$179.44	2/1/2009
	ELECTROPHYSIOLOGIC FOLLOW-			
	UP STUDY WITH PACING AND			
93624	RECORDING TO TEST EFFECTIVENE	\$340.16	\$340.16	2/1/2009
	INTRA-OPERATIVE EPICARDIAL AND	40.101.10	40.000	
	ENDOCARDIAL PACING AND			
93631	MAPPING TO LOCALIZE THE	\$654.76	\$654.76	2/1/2009
93031		ψ054.70	ψ054.70	2/1/2009
	ELECTROPHYSIOLOGIC			
	EVALUATION OF SINGLE OR DUAL			
	CHAMBER PACING CARDIOVERTER-	<b>4</b>	<b>4</b>	
93640	DEFI	\$457.13	\$457.13	2/1/2009
	ELECTROPHYSIOLOGIC			
	EVALUATION OF SINGLE OR DUAL			
	CHAMBER PACING CARDIOVERTER-			
93641	DEFI	\$584.73	\$584.73	2/1/2009
	ELECTROPHYSIOLOGIC			
	EVALUATION OF SINGLE OR DUAL			
	CHAMBER PACING CARDIOVERTER-			
93642		\$484 63	\$484 63	2/1/2009
93642	DEFI	\$484.63	\$484.63	2/1/200



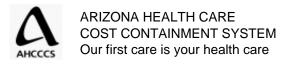
	pplicable FARS/DFARS apply.			
PROC	DESCRIPTION	NON FAC RATE 2009	FAC RATE 2009	EFF DATE
93650	INTRACARDIAC CATHETER ABLATION OF ATRIOVENTRICULAR NODE FUNCTION, ATRIOVENTRICUL	\$555.85	\$555.85	2/1/2009
93651	INTRACARDIAC CATHETER ABLATION OF ARRHYTHMOGENIC FOCUS; FOR TREATMENT OF SUPRAVE	\$841.97	\$841.97	2/1/2009
	INTRACARDIAC CATHETER ABLATION OF ARRHYTHMOGENIC FOCUS; FOR TREATMENT OF			
93652	VENTRIC	\$917.09	\$917.09	2/1/2009
93660	EVALUATION OF CARDIOVASCULAR FUNCTION WITH TILT TABLE EVALUATION, WITH CONTINUOU	\$163.12	\$163.12	2/1/2009
93662	INTRACARDIAC ECHOCARDIOGRAPHY DURING THERAPEUTIC/DIAGNOSTIC INTERVENTION,	\$295.36	\$295.36	2/1/2000
93002	BIOIMPEDANCE, THORACIC,	φ295.36	\$295.50	2/1/2009
93701	ELECTRICAL	\$36.82	\$36.82	2/1/2009
93720	PLETHYSMOGRAPHY, TOTAL BODY; WITH INTERPRETATION AND REPORT	\$43.27	\$43.27	2/1/2009
93721	PLETHYSMOGRAPHY, TOTAL BODY; TRACING ONLY, WITHOUT INTERPRETATION AND REPORT	\$35.52	\$35.52	2/1/2009
93722	PLETHYSMOGRAPHY, TOTAL BODY; INTERPRETATION AND REPORT ONLY	\$7.75	\$7.75	2/1/2009
93724	ELECTRONIC ANALYSIS OF ANTITACHYCARDIA PACEMAKER SYSTEM (INCLUDES	\$339.18	\$339.18	2/1/2009
93740	TEMPERATURE GRADIENT STUDIES	\$9.92	\$9.92	2/1/2009
93745	INITIAL SET-UP AND PROGRAMMING BY A PHYSICIAN OF WEARABLE	BR	BR	1/1/2005
93770	DETERMINATION OF VENOUS PRESSURE	\$7.71	\$7.71	2/1/2009



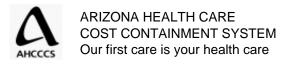
Reserved. Applicable FARS/DFARS apply.				
PROC	DESCRIPTION	NON FAC RATE 2009	FAC RATE 2009	EFF DATE
93797	PHYSICIAN SERVICES FOR OUTPATIENT CARDIAC REHABILITATION; WITHOUT CONTINUOUS ECG	\$17.59	\$9.21	2/1/2009
	PHYSICIAN SERVICES FOR OUTPATIENT CARDIAC REHABILITATION; WITH	4	•	
93798	CONTINUOUS ECG UNLISTED CARDIOVASCULAR SERVICE OR PROCEDURE	\$26.01 BR	\$14.01 BR	2/1/2009
93875	NON-INVASIVE PHYSIOLOGIC STUDIES OF EXTRACRANIAL ARTERIES, BILATERAL, (EG, PERIO	\$99.91	\$99.91	2/1/2009
93880	DUPLEX SCAN OF EXTRACRANIAL ARTERIES; COMPLETE BILATERAL STUDY	\$172.70	\$172.70	2/1/2009
93882	DUPLEX SCAN OF EXTRACRANIAL ARTERIES; UNILATERAL OR LIMITED STUDY	\$160.92	\$160.92	2/1/2009
93886	TRANSCRANIAL DOPPLER STUDY OF THE INTRACRANIAL ARTERIES; COMPLETE STUDY	\$188.95	\$188.95	2/1/2009
93888	TRANSCRANIAL DOPPLER STUDY OF THE INTRACRANIAL ARTERIES; LIMITED STUDY	\$87.88	\$87.88	2/1/2009
93890	TRANSCRANIAL DOPPLER STUDY OF THE INTRACRANIAL ARTERIES; VASOREACTIVITY STUDY	\$139.31	\$139.31	2/1/2009
93892	TRANSCRANIAL DOPPLER STUDY OF THE INTRACRANIAL ARTERIES; EMBOLI DETECTION	\$145.24	\$145.24	2/1/2009
93893	TRANSCRANIAL DOPPLER STUDY OF THE INTRACRANIAL ARTERIES; EMBOLI DETECTION WITH	\$145.24	\$145.24	2/1/2009
93922	NONINVASIVE PHYSIOLOGIC STUDIES OF UPPER OR LOWER EXTREMITY ARTERIES, SINGLE LEV	\$118.81	\$118.81	2/1/2009
93923	NON-INVASIVE PHYSIOLOGIC STUDIES OF UPPER OR LOWER EXTREMITY ARTERIES, MULTIPLE	\$182.06	\$182.06	2/1/2009



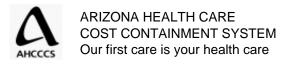
Reserved. Applicable FARS/DFARS apply.				
PROC	DESCRIPTION	NON FAC RATE 2009	FAC RATE 2009	EFF DATE
93924	NON-INVASIVE PHYSIOLOGIC STUDIES OF LOWER EXTREMITY ARTERIES, AT REST AND	\$221.64	\$221.64	2/1/2009
00005	DUPLEX SCAN OF LOWER EXTREMITY ARTERIES OR ARTERIAL BYPASS GRAFTS;	<b>#474</b> 00	<b>#474</b> 00	0/4/0000
93925	COMPLETE  DUPLEX SCAN OF LOWER  EXTREMITY ARTERIES OR  ARTERIAL BYPASS GRAFTS;	\$171.29	\$171.29	2/1/2009
93926	UNILATERAL DUPLEX SCAN OF UPPER	\$109.83	\$109.83	2/1/2009
93930	EXTREMITY ARTERIES OR ARTERIAL BYPASS GRAFTS; COMPLETE	\$166.03	\$166.03	2/1/2009
	DUPLEX SCAN OF UPPER EXTREMITY ARTERIES OR ARTERIAL BYPASS GRAFTS;	<b>*</b>	040044	0/4/0000
93931	NON-INVASIVE PHYSIOLOGIC STUDIES OF EXTREMITY VEINS,	\$106.11	\$106.11	2/1/2009
93965	COMPLETE BILATERAL STUDY (E DUPLEX SCAN OF EXTREMITY VEINS INCLUDING RESPONSES TO	\$121.83	\$121.83	2/1/2009
93970	COMPRESSION AND OTHER DUPLEX SCAN OF EXTREMITY VEINS INCLUDING RESPONSES TO	\$176.69	\$176.69	2/1/2009
93971	COMPRESSION AND OTHER	\$112.74	\$112.74	2/1/2009
93975	DUPLEX SCAN OF ARTERIAL INFLOW AND VENOUS OUTFLOW OF ABDOMINAL, PELVIC, AND/OR R	\$230.24	\$230.24	2/1/2009
93976	DUPLEX SCAN OF ARTERIAL INFLOW AND VENOUS OUTFLOW OF ABDOMINAL, PELVIC, SCROTAL	\$200.73	\$200.73	2/1/2009
93978	DUPLEX SCAN OF AORTA, INFERIOR VENA CAVA, ILIAC VASCULATURE, OR BYPASS GRAFTS;	\$175.57	\$175.57	2/1/2009
33910	DUPLEX SCAN OF AORTA, INFERIOR VENA CAVA, ILIAC VASCULATURE,	ψ113.31	ψ113.31	2/1/2009
93979	OR BYPASS GRAFTS;	\$112.37	\$112.37	2/1/2009



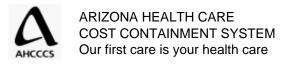
Reserved. A	Applicable FARS/DFARS apply.			
PROC	DESCRIPTION	NON FAC RATE 2009	FAC RATE 2009	EFF DATE
93980	DUPLEX SCAN OF ARTERIAL INFLOW AND VENOUS OUTFLOW OF PENILE VESSELS; COMPLETE	\$170.47	\$170.47	2/1/2009
	DUPLEX SCAN OF ARTERIAL INFLOW AND VENOUS OUTFLOW OF	<b>46</b>	<b>46</b>	2/ 1/ 2000
93981	PENILE VESSELS; FOLLOW-UP DUPLEX SCAN OF HEMODIALYSIS	\$129.95	\$129.95	2/1/2009
93990	ACCESS (INCLUDING ARTERIAL INFLOW, BODY OF ACCESS AN	\$103.53	\$103.53	2/1/2009
	VENTILATION ASSIST AND MANAGEMENT, INITIATION OF PRESSURE OR VOLUME PRESET		4	
94002	VENTI VENTILATION ASSIST AND MANAGEMENT, INITIATION OF PRESSURE OR VOLUME PRESET	\$80.72	\$80.72	2/1/2009
94003	VENTI	\$58.81	\$58.81	2/1/2009
	VENTILATION ASSIST AND MANAGEMENT, INITIATION OF PRESSURE OR VOLUME PRESET	•	4	
94004	VENTI HOME VENTILATOR MANAGEMENT CARE PLAN OVERSIGHT OF A	\$42.56	\$42.56	2/1/2009
94005	PATIENT (PATIENT NOT PRESENT	\$76.73	\$76.73	2/1/2009
94010	SPIROMETRY, INCLUDING GRAPHIC RECORD, TOTAL AND TIMED VITAL CAPACITY, EXPIRATORY	\$32.42	\$32.42	2/1/2009
94014	PATIENT-INITIATED SPIROMETRIC RECORDING PER 30-DAY PERIOD OF TIME; INCLUDES	\$46.55	\$46.55	2/1/2009
94015	PATIENT-INITIATED SPIROMETRIC RECORDING PER 30-DAY PERIOD OF TIME; RECORDING	\$23.26	\$23.26	2/1/2009
94016	PATIENT-INITIATED SPIROMETRIC RECORDING PER 30-DAY PERIOD OF TIME; PHYSICIAN	\$23.29	\$23.29	2/1/2009
94060	BRONCHODILATION RESPONSIVENESS, SPIROMETRY AS IN 94010, PRE- AND	\$55.76	\$55.76	2/1/2009
	BRONCHOSPASM PROVOCATION EVALUATION, MULTIPLE SPIROMETRIC DETERMINATIONS AS			
94070	IN	\$56.98	\$56.98	2/1/2009



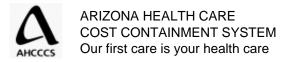
7.000770477.	pplicable FARS/DFARS apply.			
		NON FAC	FAC RATE	
PROC	DESCRIPTION	RATE	2009	EFF DATE
		2009	2009	
	VITAL CAPACITY, TOTAL (SEPARATE			
94150	PROCEDURE)	\$20.02	\$20.02	2/1/2009
	MAXIMUM BREATHING CAPACITY,			
94200	MAXIMAL VOLUNTARY VENTILATION	\$21.84	\$21.84	2/1/2009
		·	·	
	FUNCTIONAL RESIDUAL CAPACITY			
	OR RESIDUAL VOLUME: HELIUM			
94240	METHOD, NITROGEN OPEN	\$37.56	\$37.56	2/1/2009
	EXPIRED GAS COLLECTION,	<b>V</b>	<b>V</b>	
	QUANTITATIVE, SINGLE			
	PROCEDURE (SEPARATE			
94250	PROCEDURE)	\$25.49	\$25.49	2/1/2009
94260	THORACIC GAS VOLUME	\$29.81	\$29.81	2/1/2009
54200	THE WILL SHE VELOWIE	Ψ23.01	Ψ23.01	2/1/2003
	DETERMINATION OF			
	MALDISTRIBUTION OF INSPIRED			
94350	GAS: MULTIPLE BREATH NITROGEN	\$35.41	\$35.41	2/1/2009
94330	DETERMINATION OF RESISTANCE	φ35.41	φ35.41	2/1/2009
	TO AIRFLOW, OSCILLATORY OR			
94360	PLETHYSMOGRAPHIC METHODS	\$40.81	\$40.81	2/1/2009
94300	DETERMINATION OF AIRWAY	<b>⊅</b> 40.61	<b>⊅</b> 40.61	2/1/2009
	CLOSING VOLUME, SINGLE BREATH			
94370	TESTS	\$33.62	\$33.62	2/1/2000
94370	RESPIRATORY FLOW VOLUME	φ33.0Z	φ33.0Z	2/1/2009
94375	LOOP	\$35.10	\$35.10	2/4/2000
94373	BREATHING RESPONSE TO CO2	φ33.10	φ33.10	2/1/2009
04400	(CO2 RESPONSE CURVE)	¢50.25	¢50.25	2/4/2000
94400		\$50.35	\$50.35	2/1/2009
	BREATHING RESPONSE TO			
0.4.450	HYPOXIA (HYPOXIA RESPONSE	¢ 47.05	¢ 47.05	0/4/0000
94450	CURVE)	\$47.85	\$47.85	2/1/2009
	HIGH ALTITUDE SIMULATION TEST			
0.4.450	(HAST), WITH PHYSICIAN	<b>#</b> F0.00	<b>#</b> F0.00	0/4/0000
94452	INTERPRETATION AND REPORT;	\$52.89	\$52.89	2/1/2009
	HIGH ALTITUDE SIMULATION TEST			
04450	(HAST), WITH PHYSICIAN	<b>670.50</b>	<b>670.50</b>	0/4/0000
94453	INTERPRETATION AND REPORT;	\$72.56	\$72.56	2/1/2009
	INTRAPULMONARY SURFACTANT			
0.4046	ADMINISTRATION BY A PHYSICIAN	<b>0</b> =0.44	<b>0</b> =0.44	0/4/0000
94610	THROUGH ENDOTRACHEAL TUB	\$59.44	\$59.44	2/1/2009
	PULMONARY STRESS TESTING;			
	SIMPLE (EG, 6-MINUTE WALK TEST,	<b>^-</b>	<b>^-</b>	0///00==
94620	PROLONGED EXERCISE TES	\$85.01	\$85.01	2/1/2009



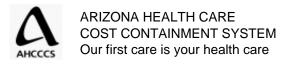
PROC	DESCRIPTION	NON FAC RATE 2009	FAC RATE 2009	EFF DATE
94621	PULMONARY STRESS TESTING; COMPLEX (INCLUDING MEASUREMENTS OF CO2 PRODUCTION, O2	\$149.93	\$149.93	2/1/2009
94640	PRESSURIZED OR NONPRESSURIZED INHALATION TREATMENT FOR ACUTE AIRWAY OBSTRUCTION	\$13.04	\$13.04	2/1/2009
94642	AEROSOL INHALATION OF PENTAMIDINE FOR PNEUMOCYSTIS CARINII PNEUMONIA TREATMENT	BR	BR	1/1/1991
94644	CONTINUOUS INHALATION TREATMENT WITH AEROSOL MEDICATION FOR ACUTE AIRWAY OBSTRUC	\$35.59	\$35.59	2/1/2009
94645	CONTINUOUS INHALATION TREATMENT WITH AEROSOL MEDICATION FOR ACUTE AIRWAY OBSTRUC	\$13.41	\$13.41	2/1/2009
94660	CONTINUOUS POSITIVE AIRWAY PRESSURE VENTILATION (CPAP), INITIATION AND	\$52.89	\$33.99	2/1/2009
94662	CONTINUOUS NEGATIVE PRESSURE VENTILATION (CNP), INITIATION AND MANAGEMENT	\$33.65	\$33.65	2/1/2009
94664	DEMONSTRATION AND/OR EVALUATION OF PATIENT UTILIZATION OF AN AEROSOL GENERATOR,	\$14.46	\$14.46	2/1/2009
94667	MANIPULATION CHEST WALL, SUCH AS CUPPING, PERCUSSING, AND VIBRATION TO	\$21.02	\$21.02	2/1/2009
94668	MANIPULATION CHEST WALL, SUCH AS CUPPING, PERCUSSING, AND VIBRATION TO	\$18.15	\$18.15	2/1/2009
94680	OXYGEN UPTAKE, EXPIRED GAS ANALYSIS; REST AND EXERCISE, DIRECT, SIMPLE	\$64.07	\$64.07	2/1/2009
94681	OXYGEN UPTAKE, EXPIRED GAS ANALYSIS; INCLUDING CO2 OUTPUT, PERCENTAGE OXYGEN	\$76.29	\$76.29	2/1/2009



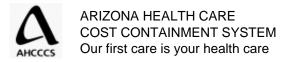
	пррисавіе РАКЗ/ДРАКЗ арріу.	NON FAC		
DDOO	DECODIDATION		FAC RATE	
PROC	DESCRIPTION	RATE	2009	EFF DATE
		2009		
	OXYGEN UPTAKE, EXPIRED GAS			
	ANALYSIS; REST, INDIRECT			
94690	(SEPARATE PROCEDURE)	\$59.22	\$59.22	2/1/2009
	CARBON MONOXIDE DIFFUSING			
	CAPACITY (EG, SINGLE BREATH,			
94720	STEADY STATE)	\$50.27	\$50.27	2/1/2009
94725	MEMBRANE DIFFUSION CAPACITY	\$83.59	\$83.59	2/1/2009
	PULMONARY COMPLIANCE STUDY			
	(EG, PLETHYSMOGRAPHY, VOLUME			
94750	AND PRESSURE	\$65.52	\$65.52	2/1/2009
0 00	NONINVASIVE EAR OR PULSE	Ψ00.02	φσσ.σ_	_, ,,
	OXIMETRY FOR OXYGEN			
	SATURATION; SINGLE			
94760	DETERMINATION	\$2.50	\$2.50	2/1/2009
34700	NONINVASIVE EAR OR PULSE	Ψ2.00	Ψ2.50	2/1/2003
	OXIMETRY FOR OXYGEN			
04764	SATURATION; MULTIPLE	\$5.37	Ф <i>Е</i> 27	2/4/2000
94761	·	\$5.37	\$5.37	2/1/2009
	NONINVASIVE EAR OR PULSE			
	OXIMETRY FOR OXYGEN	<b>^</b>	<b>^</b>	-/-/
94762	SATURATION; BY CONTINUOUS	\$27.46	\$27.46	2/1/2009
	CARBON DIOXIDE, EXPIRED GAS			
	DETERMINATION BY INFRARED		_	
94770	ANALYZER	\$35.97	\$35.97	2/1/2009
	CIRCADIAN RESPIRATORY PATTERN			
	RECORDING (PEDIATRIC			
94772	PNEUMOGRAM), 12 TO 24 HOUR	BR	BR	1/1/1992
	PEDIATRIC HOME APNEA			
	MONITORING EVENT RECORDING			
	INCLUDING RESPIRATORY RATE,			
94774	PATT	BR	BR	1/1/2007
	PEDIATRIC HOME APNEA			
	MONITORING EVENT RECORDING			
	INCLUDING RESPIRATORY RATE,			
94775	PATT	\$59.71	\$59.71	2/1/2009
	PEDIATRIC HOME APNEA	·		
	MONITORING EVENT RECORDING			
	INCLUDING RESPIRATORY RATE,			
94776	PATT	\$59.71	\$59.71	2/1/2009
	PEDIATRIC HOME APNEA	7001	<del>-</del>	_, .,
	MONITORING EVENT RECORDING			
	INCLUDING RESPIRATORY RATE,			
94777	PATT	BR	BR	1/1/2007
J-1111	117111	אט	אט	1/1/2007



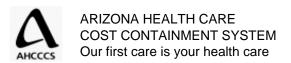
710007700. 71	pplicable FARS/DFARS apply.	NONEAG		
PROC	DESCRIPTION	NON FAC RATE 2009	FAC RATE 2009	EFF DATE
94799	UNLISTED PULMONARY SERVICE OR PROCEDURE	BR	BR	10/1/1982
95250	AMBULATORY CONTINUOUS GLUCOSE MONITORING OF INTERSTITIAL TISSUE FLUID VIA A SUBC	\$138.42	\$138.42	2/1/2009
95251	AMBULATORY CONTINUOUS GLUCOSE MONITORING OF INTERSTITIAL TISSUE FLUID VIA A SUBC	\$36.63	\$36.63	2/1/2009
96101	PSYCHOLOGICAL TESTING (INCLUDES PSYCHODIAGNOSTIC ASSESSMENT OF EMOTIONALITY, INT	\$81.03	\$80.31	2/1/2009
96102	PSYCHOLOGICAL TESTING (INCLUDES PSYCHODIAGNOSTIC ASSESSMENT OF EMOTIONALITY, INT	\$48.71	\$21.47	2/1/2009
96103	PSYCHOLOGICAL TESTING (INCLUDES PSYCHODIAGNOSTIC ASSESSMENT OF EMOTIONALITY, INT	\$37.83	\$22.54	2/1/2009
96105	ASSESSMENT OF APHASIA (INCLUDES ASSESSMENT OF EXPRESSIVE AND RECEPTIVE SPEECH	\$68.43	\$68.43	2/1/2009
96110	DEVELOPMENTAL TESTING; LIMITED (EG, DEVELOPMENTAL SCREENING TEST II, EARLY	\$12.82	\$12.82	2/1/2009
96111	DEVELOPMENTAL TESTING; EXTENDED (INCLUDES ASSESSMENT OF MOTOR, LANGUAGE,	\$123.24	\$121.05	2/1/2009
96116	NEUROBEHAVIORAL STATUS EXAM (CLINICAL ASSESSMENT OF THINKING, REASONING AND JUDG	\$92.09	\$86.28	2/1/2009
96118	NEUROPSYCHOLOGICAL TESTING (EG, HALSTEAD-REITAN NEUROPSYCHOLOGICAL BATTERY, WECH	\$107.74	\$84.83	2/1/2009



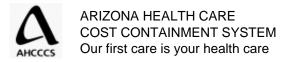
710007700. 71	pplicable FARS/DFARS apply.			
PROC	DESCRIPTION	NON FAC RATE	FAC RATE 2009	EFF DATE
	NEUROPSYCHOLOGICAL TESTING (EG, HALSTEAD-REITAN NEUROPSYCHOLOGICAL BATTERY,	2009		
96119	WECH	\$70.33	\$29.26	2/1/2009
96120	NEUROPSYCHOLOGICAL TESTING (EG, WISCONSIN CARD SORTING TEST), ADMINISTERED BY A	\$61.42	\$22.17	2/1/2009
96150	HEALTH AND BEHAVIOR ASSESSMENT (EG, HEALTH- FOCUSED CLINICAL INTERVIEW, BEHAVIORA	\$21.84	\$21.47	2/1/2009
96151	HEALTH AND BEHAVIOR ASSESSMENT (EG, HEALTH- FOCUSED CLINICAL INTERVIEW,	\$21.09	\$20.72	2/1/2009
96152	HEALTH AND BEHAVIOR INTERVENTION, EACH 15 MINUTES, FACE-TO-FACE; INDIVIDUAL	\$20.35	\$19.98	2/1/2009
96153	HEALTH AND BEHAVIOR INTERVENTION, EACH 15 MINUTES, FACE-TO-FACE; GROUP (2 OR	\$4.81	\$4.44	2/1/2009
96154	HEALTH AND BEHAVIOR INTERVENTION, EACH 15 MINUTES, FACE-TO-FACE; FAMILY (WITH	\$19.98	\$19.60	2/1/2009
96155	HEALTH AND BEHAVIOR INTERVENTION, EACH 15 MINUTES, FACE-TO-FACE; FAMILY	\$20.31	\$20.31	2/1/2009
96360	Intravenous infusion, hydration; initial 31 minutes to 1 hour	\$56.36	\$56.36	2/1/2009
96361	Intravenous infusion, hydration; each additional hour (List separately in additi	\$16.37	\$16.37	2/1/2009
96365	Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance Intravenous infusion, for therapy,	\$68.38	\$68.38	2/1/2009
96366	prophylaxis, or diagnosis (specify substance	\$21.53	\$21.53	2/1/2009
96367	Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance	\$34.26	\$34.26	2/1/2009



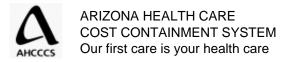
Reserved. Applicable FARS/DFARS apply.				
PROC	DESCRIPTION	NON FAC RATE 2009	FAC RATE 2009	EFF DATE
96368	Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance	\$20.06	\$20.06	2/1/2009
96369	Subcutaneous infusion for therapy or prophylaxis (specify substance or drug); in	\$149.79	\$149.79	2/1/2009
96370	Subcutaneous infusion for therapy or prophylaxis (specify substance or drug); ea	\$15.35	\$15.35	2/1/2009
90370	Subcutaneous infusion for therapy or prophylaxis (specify substance or drug);	φ13.33	φ10.55	2/1/2009
96371	Therapeutic, prophylactic, or diagnostic	\$73.02	\$73.02	2/1/2009
96372	injection (specify substance or drug);	\$20.47	\$20.47	2/1/2009
96373	Therapeutic, prophylactic, or diagnostic injection (specify substance or drug);	\$17.56	\$17.56	2/1/2009
96374	Therapeutic, prophylactic, or diagnostic injection (specify substance or drug);	\$54.24	\$54.24	2/1/2009
96375	Subcutaneous infusion for therapy or prophylaxis (specify substance or drug); ea	\$23.65	\$23.65	2/1/2009
00070	Subcutaneous infusion for therapy or prophylaxis (specify substance or drug);	BR	BR	4/4/2000
96376	Unlisted therapeutic, prophylactic, or			1/1/2009
96379	diagnostic intravenous or intra-arterial  CHEMOTHERAPY ADMINISTRATION,	BR	BR	1/1/2009
96401	SUBCUTANEOUS OR INTRAMUSCULAR; NON-HORMONAL ANTI-NE	\$61.94	\$61.94	2/1/2009
96402	CHEMOTHERAPY ADMINISTRATION, SUBCUTANEOUS OR INTRAMUSCULAR; HORMONAL ANTI- NEOPLA	\$39.02	\$39.02	2/1/2009
96405	CHEMOTHERAPY ADMINISTRATION; INTRALESIONAL, UP TO AND INCLUDING 7 LESIONS	\$129.40	\$26.90	2/1/2009



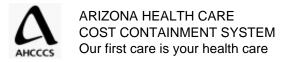
	pplicable FARS/DFARS apply.	NON FAC		
PROC	DESCRIPTION	RATE 2009	FAC RATE 2009	EFF DATE
96406	CHEMOTHERAPY ADMINISTRATION; INTRALESIONAL, MORE THAN 7 LESIONS	\$147.39	\$38.39	2/1/2009
00100	CHEMOTHERAPY ADMINISTRATION; INTRAVENOUS, PUSH TECHNIQUE,	<b>4117.00</b>	φοσ.σσ	2, 172,000
96409	SINGLE OR INITIAL SUBS	\$113.86	\$113.86	2/1/2009
96411	CHEMOTHERAPY ADMINISTRATION; INTRAVENOUS, PUSH TECHNIQUE, EACH ADDITIONAL SUBSTA	\$65.10	\$65.10	2/1/2009
	CHEMOTHERAPY ADMINISTRATION, INTRAVENOUS INFUSION	<b></b>		
96413	TECHNIQUE; UP TO 1 HOUR, SINGL CHEMOTHERAPY ADMINISTRATION.	\$154.18	\$154.18	2/1/2009
96415	INTRAVENOUS INFUSION TECHNIQUE; EACH ADDITIONAL HOU	\$34.59	\$34.59	2/1/2009
30413	CHEMOTHERAPY ADMINISTRATION, INTRAVENOUS INFUSION	ψ04.00	Ψ04.00	2/ 1/2003
96416	TECHNIQUE; INITIATION OF PROLO	\$167.18	\$167.18	2/1/2009
	CHEMOTHERAPY ADMINISTRATION, INTRAVENOUS INFUSION TECHNIQUE; EACH ADDITIONAL			
96417	SEQ	\$76.03	\$76.03	2/1/2009
96420	CHEMOTHERAPY ADMINISTRATION, INTRA-ARTERIAL; PUSH TECHNIQUE	\$107.22	\$107.22	2/1/2009
96422	CHEMOTHERAPY ADMINISTRATION, INTRA-ARTERIAL; INFUSION TECHNIQUE, UP TO ONE HOUR	\$177.70	\$177.70	2/1/2009
	CHEMOTHERAPY ADMINISTRATION, INTRA-ARTERIAL; INFUSION			
96423	TECHNIQUE, EACH ADDITIONAL	\$76.77	\$76.77	2/1/2009
06425	CHEMOTHERAPY ADMINISTRATION, INTRA-ARTERIAL; INFUSION TECHNIQUE, INITIATION OF	¢474.45	¢474.45	2/4/2022
96425	TECHNIQUE, INITIATION OF	\$174.45	\$174.45	2/1/2009



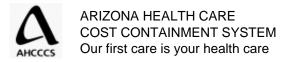
Reserved. Applicable FARS/DFARS apply.				
PROC	DESCRIPTION	NON FAC RATE 2009	FAC RATE 2009	EFF DATE
96440	CHEMOTHERAPY ADMINISTRATION INTO PLEURAL CAVITY, REQUIRING AND INCLUDING	\$332.36	\$123.80	2/1/2009
00445	CHEMOTHERAPY ADMINISTRATION INTO PERITONEAL CAVITY,	<b>\$204.74</b>	\$44C OF	2/4/2000
96445	REQUIRING AND INCLUDING CHEMOTHERAPY ADMINISTRATION, INTO CNS (EG, INTRATHECAL),	\$321.74	\$116.05	2/1/2009
96450 96521	REQUIRING AND REFILLING AND MAINTENANCE OF PORTABLE PUMP	\$270.38 \$134.54	\$91.98 \$134.54	2/1/2009
96522	REFILLING AND MAINTENANCE OF IMPLANTABLE PUMP OR RESERVOIR FOR DRUG DELIVERY, SY	\$107.26	\$107.26	2/1/2009
96523	IRRIGATION OF IMPLANTED VENOUS ACCESS DEVICE FOR DRUG DELIVERY SYSTEMS	\$26.20	\$26.20	2/1/2009
00540	CHEMOTHERAPY INJECTION, SUBARACHNOID OR INTRAVENTRICULAR VIA	<b>\$400.75</b>	<b>#</b> 44.00	0/4/0000
96542 96549	SUBCUTANEOUS UNLISTED CHEMOTHERAPY PROCEDURE	\$168.75 BR	\$44.83 BR	2/1/2009
96567	PHOTODYNAMIC THERAPY BY EXTERNAL APPLICATION OF LIGHT TO DESTROY PREMALIGNANT AN	\$104.95	\$104.95	2/1/2009
96570	PHOTODYNAMIC THERAPY BY ENDOSCOPIC APPLICATION OF LIGHT TO ABLATE ABNORMAL	\$53.78	\$53.78	2/1/2009
96571	PHOTODYNAMIC THERAPY BY ENDOSCOPIC APPLICATION OF LIGHT TO ABLATE ABNORMAL	\$25.83	\$25.83	2/1/2009
96900	ACTINOTHERAPY (ULTRAVIOLET LIGHT)	\$18.86	\$18.86	2/1/2009
96904	WHOLE BODY INTEGUMENTARY PHOTOGRAPHY, FOR MONITORING OF HIGH RISK PATIENTS WITH	\$69.40	\$69.40	2/1/2009



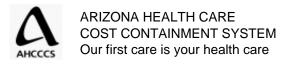
	pplicable FARS/DFARS apply.	NON EAC		
DDOO	DECODIDATION	NON FAC	FAC RATE	
PROC	DESCRIPTION	RATE	2009	EFF DATE
		2009		
	PHOTOCHEMOTHERAPY; TAR AND			
	ULTRAVIOLET B (GOECKERMAN			
96910	TREATMENT) OR PETROLATUM	\$55.90	\$55.90	2/1/2009
	PHOTOCHEMOTHERAPY;			
	PSORALENS AND ULTRAVIOLET A			
96912	(PUVA)	\$71.52	\$71.52	2/1/2009
	PHOTOCHEMOTHERAPY			
	(GOECKERMAN AND/OR PUVA) FOR			
96913	SEVERE PHOTORESPONSIVE	\$96.86	\$96.86	2/1/2009
	LASER TREATMENT FOR	·		
	INFLAMMATORY SKIN DISEASE			
	(PSORIASIS); TOTAL AREA LESS			
96920	THAN	\$149.52	\$58.70	2/1/2009
00020	1	ψ110.02	φοσ σ	2/ 1/2000
	LASER TREATMENT FOR			
	INFLAMMATORY SKIN DISEASE			
96921	(PSORIASIS); 250 SQ CM TO 500 SQ	\$147.35	\$59.07	2/1/2009
90921		φ147.33	φ59.07	2/1/2009
	LASER TREATMENT FOR			
00000	INFLAMMATORY SKIN DISEASE	0047.07	<b>0</b> 400 <b>5</b> 4	0/4/0000
96922	(PSORIASIS); OVER 500 SQ CM	\$217.87	\$100.51	2/1/2009
	UNLISTED SPECIAL			
	DERMATOLOGICAL SERVICE OR			
96999	PROCEDURE	BR	BR	10/1/1982
	OSTEOPATHIC MANIPULATIVE			
	TREATMENT (OMT); ONE TO TWO	_	_	
98925	BODY REGIONS INVOLVED	\$26.50	\$20.31	2/1/2009
	OSTEOPATHIC MANIPULATIVE			
	TREATMENT (OMT); THREE TO			
98926	FOUR BODY REGIONS INVOLVED	\$36.45	\$29.93	2/1/2009
	OSTEOPATHIC MANIPULATIVE			
	TREATMENT (OMT); FIVE TO SIX			
98927	BODY REGIONS INVOLVED	\$47.18	\$39.21	2/1/2009
	OSTEOPATHIC MANIPULATIVE			
	TREATMENT (OMT); SEVEN TO			
98928	EIGHT BODY REGIONS INVOLVED	\$55.31	\$46.21	2/1/2009
	OSTEOPATHIC MANIPULATIVE			
	TREATMENT (OMT); NINE TO TEN			
98929	BODY REGIONS INVOLVED	\$63.39	\$52.89	2/1/2009
	CHIROPRATIC MANIPULATIVE	\$22.30	\$52.50	
	TREATMENT (CMT) SPINAL, ONE TO			
98940	TWO REGIONS	\$23.26	\$19.60	2/1/2009
UTU	T. T. C. R. C. G.	Ψ20.20	ψ19.00	2/1/2009



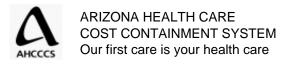
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	pplicable FARS/DFARS apply.	NON EAC		
5566	5=005!5=101!	NON FAC	FAC RATE	
PROC	DESCRIPTION	RATE	2009	EFF DATE
		2009		
	CHIROPRACTIC MANIPULATIVE			
	TREATMENT (CMT); SPINAL, THREE			
98941	TO FOUR REGIONS	\$32.13	\$27.77	2/1/2009
	CHIROPRACTIC MANIPULATIVE			
	TREATMENT (CMT); SPINAL, FIVE			
98942	REGIONS	\$42.11	\$37.75	2/1/2009
	CHIROPRACTIC MANIPULATIVE		·	
	TREATMENT (CMT); EXTRASPINAL,			
98943	ONE OR MORE REGIONS	\$21.02	\$18.12	2/1/2009
	HOME INFUSION/SPECIALTY DRUG	<del>-</del>	<b>*</b> * * * * * * * * * * * * * * * * * *	
	ADMINISTRATION, PER VISIT (UP TO			
99601	2 HOURS)	BR	BR	1/1/2004
00001	HOME INFUSION/SPECIALTY DRUG	DI C	Div	17 17200 1
	ADMINISTRATION, PER VISIT (UP TO			
99602	2 HOURS) EACH	BR	BR	1/1/2004
99002	ADMINISTRATION OF INFLUENZA	DIX	DIX	1/1/2004
G0008	VIRUS VACCINE	\$7.68	\$7.68	2/1/2000
G0006	ADMINISTRATION OF	Φ7.00	φ1.00	2/1/2009
00000		<u></u> ተፈ ርዕ	<u></u> ተፈ ርዕ	2/4/2000
G0009	PNEUMOCOCCAL VACCINE	\$7.68	\$7.68	2/1/2009
00040	ADMINISTRATION OF HEPATITIS B	<b>Ф7</b> 00	<b>Ф7</b> 00	0/4/0000
G0010	VACCINE	\$7.68	\$7.68	2/1/2009
00400	EXTERNAL COUNTERPULSATION,	<b>0.4.40.07</b>	<b>0.4.40.07</b>	0/4/0000
G0166	PER TREATMENT SESSION	\$149.37	\$149.37	2/1/2009
	UNSCHEDULED OR EMERGENCY			
	DIALYSIS TREATMENT FOR AN	<b>*</b>		- / / /
G0257	ESRD PATIENT IN A HOSPITAL	\$239.55	\$239.55	2/1/2009
	PLACEMENT OF OCCLUSIVE DEVICE			
	INTO EITHER A VENOUS OR			
G0269	ARTERIAL ACCESS SITE,	BR	BR	1/1/2003
	RENAL ARTERY ANGIOGRAPHY			
	(UNILATERAL OR BILATERAL)			
G0275	PERFORMED AT THE TIME OF	\$12.89	\$12.89	2/1/2009
	ILIAC ARTERY ANGIOGRAPHY			
	PERFORMED AT THE SAME TIME OF			
G0278	CARDIAC CATHETERIZATION,	\$12.89	\$12.89	2/1/2009
	TRANSCATHETER PLACEMENT OF A			
	DRUG ELUTING INTRACORONARY			
G0290	STENT(S), PERCUTANEOUS,	BR	BR	7/1/2003
	TRANSCATHETER PLACEMENT OF A			
	DRUG ELUTING INTRACORONARY			
G0291	STENT(S), PERCUTANEOUS,	BR	BR	7/1/2003



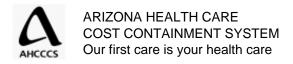
	рріїсавіе гако/огако арріу.			
PROC	DESCRIPTION	NON FAC RATE 2009	FAC RATE 2009	EFF DATE
G0365	VESSEL MAPPING OF VESSELS FOR HEMODIALYSIS ACCESS (SERVICES FOR PREOPERATIVE	\$156.15	\$156.15	2/1/2009
	TRANSLUMINAL BALLOON ANGIOPLASTY, PERCUTANEOUS; FOR MAINTENANCE OF			
G0392	HEMODIALYSIS TRANSLUMINAL BALLOON ANGIOPLASTY, PERCUTANEOUS;	\$2,237.20	\$458.92	2/1/2009
G0393	FOR MAINTENANCE OF HEMODIALYSIS ADMINISTRATION AND SUPPLY OF	\$1,698.09	\$292.96	2/1/2009
G3001	TOSITUMOMAB, 450 MG	BR	BR	7/1/2003
M0064	BRIEF OFFICE VISIT FOR THE SOLE PURPOSE OF MONITORING OR CHANGING DRUG	\$35.18	\$15.91	2/1/2009
M0076	PROLOTHERAPY	BR	BR	3/1/1989
M0100	INTRAGASTRIC HYPOTHERMIA USING GASTRIC FREEZING	BR	BR	3/1/1989
Q0035	CARDIOKYMOGRAPHY	\$20.08	\$20.08	2/1/2009
Q0081	INFUSION THERAPY, USING OTHER THAN CHEMOTHERAPEUTIC DRUGS, PER VISIT	BR	BR	1/1/1992
Q0083	CHEMOTHERAPY ADMINISTRATION BY OTHER THAN INFUSION TECHNIQUE ONLY (EG CHEMOTHERAPY ADMINISTRATION	BR	BR	1/1/1992
Q0084	BY INFUSION TECHNIQUE ONLY, PER VISIT	BR	BR	1/1/1992
Q0085	CHEMOTHERAPY ADMINISTRATION BY BOTH INFUSION TECHNIQUE AND OTHER TECHIQUE(S)	BR	BR	1/1/1992
S0315	DISEASE MANAGEMENT PROGRAM; INITIAL ASSESSMENT AND INITIATION OF THE PROGRAM	\$61.75	\$61.75	2/1/2009
S0316	DISEASE MANAGEMENT PROGRAM, FOLLOW-UP/REASSESSMENT	\$33.25	\$33.25	2/1/2009



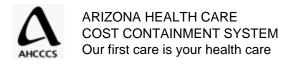
	Applicable FARS/DFARS apply.	NON FAC		
PROC	DESCRIPTION	RATE 2009	FAC RATE 2009	EFF DATE
	HOME INFUSION THERAPY,			
S5497	CATHETER CARE / MAINTENANCE, NOT OTHERWISE CLASSIFIED;	BR	BR	1/1/2002
	HOME INFUSION THERAPY,			
S5498	CATHETER CARE / MAINTENANCE, SIMPLE (SINGLE LUMEN),	BR	BR	1/1/2002
	HOME INFUSION THERAPY,			
S5501	CATHETER CARE / MAINTENANCE, COMPLEX (MORE THAN ONE	BR	BR	1/1/2002
	HOME INFUSION THERAPY,			
S5502	CATHETER CARE / MAINTENANCE, IMPLANTED ACCESS DEVICE,	BR	BR	1/1/2002
	HOME INFUSION THERAPY, ALL SUPPLIES NECESSARY FOR			
S5517	RESTORATION OF CATHETER HOME INFUSION THERAPY, ALL	BR	BR	1/1/2002
S5518	SUPPLIES NECESSARY FOR CATHETER REPAIR	BR	BR	1/1/2002
	HOME INFUSION THERAPY, PAIN MANAGEMENT INFUSION;			
S9325	ADMINISTRATIVE SERVICES, HOME INFUSION THERAPY,	BR	BR	1/1/2002
	CONTINUOUS (TWENTY-FOUR HOURS OR MORE) PAIN			
S9326	MANAGEMENT HOME INFUSION THERAPY,	BR	BR	1/1/2002
S9327	INTERMITTENT (LESS THAN TWENTY-FOUR HOURS) PAIN	BR	BR	1/1/2002
	HOME INFUSION THERAPY, IMPLANTED PUMP PAIN			
S9328	MANAGEMENT INFUSION; ADMINISTRATIVE	BR	BR	1/1/2002
<del>-</del>	HOME INFUSION THERAPY, CHEMOTHERAPY INFUSION;			= 3 0 =
S9329	ADMINISTRATIVE SERVICES,	BR	BR	1/1/2002
	HOME INFUSION THERAPY, CONTINUOUS (TWENTY-FOUR			
S9330	HOURS OR MORE) CHEMOTHERAPY	BR	BR	1/1/2002



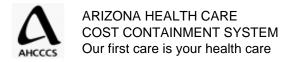
Reserved. A	Reserved. Applicable FARS/DFARS apply.					
PROC	DESCRIPTION	NON FAC RATE 2009	FAC RATE 2009	EFF DATE		
	HOME INFUSION THERAPY, INTERMITTENT (LESS THAN TWENTY-FOUR HOURS)					
S9331	CHEMOTHERAPY	BR	BR	1/1/2002		
S9335	HOME THERAPY, HEMODIALYSIS; ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY	BR	BR	1/1/2004		
S9336	HOME INFUSION THERAPY, CONTINUOUS ANTICOAGULANT INFUSION THERAPY (E.G.	BR	BR	1/1/2002		
S9338	HOME INFUSION THERAPY, IMMUNOTHERAPY, ADMINISTRATIVE SERVICES, PROFESSIONAL	BR	BR	1/1/2002		
	HOME THERAPY; ENTERAL NUTRITION; ADMINISTRATIVE SERVICES, PROFESSIONAL					
S9340	PHARMACY	BR	BR	1/1/2002		
S9341	HOME THERAPY; ENTERAL NUTRITION VIA GRAVITY; ADMINISTRATIVE SERVICES,	BR	BR	1/1/2002		
	HOME THERAPY; ENTERAL NUTRITION VIA PUMP; ADMINISTRATIVE SERVICES,					
S9342	PROFESSIONAL HOME THERAPY; ENTERAL NUTRITION VIA BOLUS;	BR	BR	1/1/2002		
S9343	ADMINISTRATIVE SERVICES, HOME INFUSION THERAPY, ANTI- HEMOPHILIC AGENT INFUSION	BR	BR	1/1/2002		
S9345	THERAPY (E.G. FACTOR	BR	BR	1/1/2002		
S9346	HOME INFUSION THERAPY, ALPHA-1- PROTEINASE INHIBITOR (E.G., PROLASTIN);	BR	BR	1/1/2002		
	HOME INFUSION THERAPY, UNINTERRUPTED, LONG-TERM, CONTROLLED RATE INTRAVENOUS					
S9347	OR	BR	BR	1/1/2002		
S9348	HOME INFUSION THERAPY, SYMPATHOMIMETIC/INOTROPIC AGENT INFUSION THERAPY (E.G.,	BR	BR	1/1/2002		
S9349	HOME INFUSION THERAPY, TOCOLYTIC INFUSION THERAPY; ADMINISTRATIVE SERVICES,	BR	BR	1/1/2002		



Reserved. Applicable FARS/DFARS apply.					
		NON FAC	FAC RATE		
PROC	DESCRIPTION	RATE		EFF DATE	
11100	BEGGIAII HOIV		2009		
		2009			
	HOME INFUSION THERAPY,				
	CONTINUOUS OR INTERMITTENT				
S9351	ANTI-EMETIC INFUSION THERAPY;	BR	BR	1/1/2002	
00001	HOME INFUSION THERAPY,	DIX	BIX	17 17 2002	
	· ·				
	CONTINUOUS INSULIN INFUSION				
S9353	THERAPY; ADMINISTRATIVE	BR	BR	1/1/2002	
	HOME INFUSION THERAPY, ENZYME				
	REPLACEMENT INTRAVENOUS				
00057	THERAPY; (E.G.	חח	חח	4/4/2002	
S9357		BR	BR	1/1/2002	
	HOME INFUSION THERAPY, ANTI-				
	TUMOR NECROSIS FACTOR				
S9359	INTRAVENOUS THERAPY; (E.G.	BR	BR	1/1/2002	
00000		5.1	DIX	17 17 2 0 0 2	
	HOME INFUSION THERAPY,				
	DIURETIC INTRAVENOUS THERAPY;				
S9361	ADMINISTRATIVE SERVICES,	BR	BR	1/1/2002	
	HOME INFUSION THERAPY, ANTI-				
	SPASMOTIC INTRAVENOUS				
00000			55	4.14.10000	
S9363	THERAPY; ADMINISTRATIVE	BR	BR	1/1/2002	
	HOME INFUSION THERAPY, TOTAL				
	PARENTERAL NUTRITION (TPN);				
S9365	ONE LITER PER DAY,	BR	BR	1/1/2002	
00000	HOME INFUSION THERAPY, TOTAL	DIX	DIX	1/1/2002	
	PARENTERAL NUTRITION (TPN);				
S9366	MORE THAN ONE LITER	BR	BR	1/1/2002	
	HOME INFUSION THERAPY, TOTAL				
	PARENTERAL NUTRITION (TPN);				
S9367	MORE THAN TWO LITERS	BR	BR	1/1/2002	
39307		DR	DK	1/1/2002	
	HOME INFUSION THERAPY, TOTAL				
	PARENTERAL NUTRITION (TPN);				
S9368	MORE THAN THREE LITERS	BR	BR	1/1/2002	
	HOME THERAPY, INTERMITTENT				
	ANTI-EMETIC INJECTION THERAPY;				
	,				
S9370	ADMINISTRATIVE	BR	BR	1/1/2002	
	HOME THERAPY; INTERMITTENT				
	ANTICOAGULANT INJECTION				
S9372	THERAPY (E.G. HEPARIN);	BR	BR	1/1/2002	
200, 2		DIX	DIX	1/1/2002	
	HOME INFUSION THERAPY,				
	HYDRATION THERAPY;				
	ADMINISTRATIVE SERVICES,				
S9373	PROFESSIONAL	BR	BR	1/1/2002	
	HOME INFUSION THERAPY,	2.1	211	., ., _ 502	
	HYDRATION THERAPY; ONE LITER				
S9374	PER DAY, ADMINISTRATIVE	BR	BR	1/1/2002	



PROC	DESCRIPTION	NON FAC RATE 2009	FAC RATE 2009	EFF DATE
S9375	HOME INFUSION THERAPY, HYDRATION THERAPY; MORE THAN ONE LITER BUT NO MORE THAN	BR	BR	1/1/2002
S9376	HOME INFUSION THERAPY, HYDRATION THERAPY; MORE THAN TWO LITERS BUT NO MORE THAN	BR	BR	1/1/2002
S9377	HOME INFUSION THERAPY, HYDRATION THERAPY; MORE THAN THREE LITERS PER DAY, HOME INFUSION THERAPY,	BR	BR	1/1/2002
S9379	INFUSION THERAPT, INFUSION THERAPY, NOT OTHERWISE CLASSIFIED; HOME INFUSION THERAPY,	BR	BR	1/1/2002
S9490	CORTICOSTEROID INFUSION; ADMINISTRATIVE SERVICES, HOME INFUSION THERAPY,	BR	BR	7/1/2002
S9494	ANTIBIOTIC, ANTIVIRAL, OR ANTIFUNGAL THERAPY; HOME INFUSION THERAPY.	BR	BR	1/1/2002
S9497	ANTIBIOTIC, ANTIVIRAL, OR ANTIFUNGAL THERAPY; ONCE EVERY	BR	BR	1/1/2002
S9500	HOME INFUSION THERAPY, ANTIBIOTIC, ANTIVIRAL, OR ANTIFUNGAL THERAPY; ONCE EVERY	BR	BR	1/1/2002
S9501	HOME INFUSION THERAPY, ANTIBIOTIC, ANTIVIRAL, OR ANTIFUNGAL THERAPY; ONCE EVERY	BR	BR	1/1/2002
03001	HOME INFUSION THERAPY, ANTIBIOTIC, ANTIVIRAL, OR ANTIFUNGAL THERAPY; ONCE	- BK	BN.	
S9502	EVERY HOME INFUSION THERAPY, ANTIBIOTIC, ANTIVIRAL, OR	BR	BR	1/1/2002
S9503	ANTIFUNGAL; ONCE EVERY 6 HOME INFUSION THERAPY,	BR	BR	1/1/2002
S9504	ANTIBIOTIC, ANTIVIRAL, OR ANTIFUNGAL; ONCE EVERY 4	BR	BR	1/1/2002



PROC	DESCRIPTION	NON FAC RATE 2009	FAC RATE 2009	EFF DATE
S9542	HOME INJECTABLE THERAPY, NOT OTHERWISE CLASSIFIED, INCLUDING ADMINISTRATIVE	BR	BR	1/1/2002